Physical Disabilities: Education and Related Services, 2014, 33(2), 71-83.
doi: 10.14434/pders.v33i2.13134

PDERS

ISSN: 2372-451X
http://scholarworks.iu.edu/journals/index.php/pders/index

Article

OBSESSIVE COMPULSIVE DISORDER: WHAT AN EDUCATOR NEEDS TO KNOW

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Abstract: The presence of obsessive compulsive disorder (OCD) impairs social, emotional and academic functioning. Individuals with OCD may have co-morbid disorders including attention deficit hyperactivity disorder, depression, oppositional defiant disorder, or Tourette syndrome. Challenges occur when students with OCD become a part of the general education classroom. This article provides an overview of OCD and presents information to assist teachers and school staff to successfully meet the needs of students with OCD.

Keywords: *obsessive-compulsive disorder; social-emotional functioning; instructional accommodations; collaboration*

Introduction

It is estimated that obsessive compulsive disorder (OCD) affects approximately 1 – 4% of children and adolescents (Adams, Smith, Bolt & Nolten, 2007; Dyches, Leininger, Heath & Prater, 2010). *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) lists the requisite characteristics of OCD as involuntary, recurring, and unwanted obsessions and/or compulsions (American Psychological Association [APA], 2013). In the *DSM*, obsessions are defined as thoughts, ideations, impulses, urges, or images that cause fear, worry and/or anxiety and compulsions are defined as stereotypical and repetitive behaviors or mental acts performed to alleviate fear, worry, and anxiety caused by obsessions (APA, 2013). Although the exact cause of OCD is still unknown, chemical imbalance in the brain is widely implicated as a possible causation for the disorder (Helbing & Ficca, 2009). In some cases, environmental factors such as death, divorce and/or other traumatic experience can manifest or trigger latent OCD symptoms. Studies show that 40 – 80% of OCD cases have a childhood onset (Helbing & Ficca, 2009; Nakatani et al., 2011) and onset can occur in children as young as 2 – 3 years old (Paige, 2007). OCD often co-exists with other disorders such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), Tourette syndrome (TS), and depression. These co-morbid conditions often complicate the diagnosis of OCD and present additional challenges and difficulties in areas of the social, emotional, behavioral and academic life of the impacted individuals.

Classroom Implications of OCD

Students with OCD may experience significant impairment in the areas of social, emotional and/or academic functioning. However, early identification and intervention increases the likelihood of positive social, emotional and academic outcomes for children and adolescents with OCD (Cameron & Region, 2007). Teachers play an important role in the success of students with OCD. According to Leininger, Dyches, Prater, and Health (2010), "teacher attitudes are critical to the success of students with OCD" (p. 234). In order for teachers and school personnel to adequately meet the needs of students with OCD, first and foremost they have to become familiar with, and educate themselves about, OCD. Teachers must be cognizant of the fact that, although there are certain common symptoms/behaviors present in individuals with OCD, the impact of these symptoms on individuals may differ greatly. Thus, the next step will be for teachers to understand the nature and severity of the individual student's condition and its implications for the student's social, emotional and academic functioning. Understanding that obsessions and compulsions tend to wax and wane with time and are often exacerbated by stressful situations will better equip teachers to meet the needs of students with OCD. Also, it is important to know the type and nature of obsessions and compulsions can change with time. Some individuals can manifest mild and moderate symptoms; whereas, others can have severe symptoms that may prove to be incapacitating (APA, 2013).

Even though the type and severity of obsessions and compulsions may vary from individual to individual, certain symptoms/behaviors are common among individuals diagnosed with OCD. Some common obsessions include: germs and contamination; cleanliness; need for symmetry; rearranging, repeating, counting and ordering items; and forbidden or taboo thoughts, especially thoughts that are sexual, religious or aggressive in nature. Obsessions and compulsions are time-

consuming and often disrupt the day to day lives of affected individuals. It is vital for teachers to remember that obsessive and compulsive behaviors cannot be controlled. When individuals are prevented from performing or carrying out these behaviors, extreme anxiety or panic attacks can be triggered (Merlo & Storch, 2006). However, some individuals can learn to delay these behaviors and then perform them later (Adams, 2004).

Furthermore, it is imperative for teachers to take into consideration that OCD often co-exists with other disorders such as ADHD, Tourette syndrome and depression. Fifty-one percent of children identified as having OCD also have ADHD (Helbing & Ficca, 2009). OCD may go undiagnosed in the presence of ADHD because OCD and ADHD have common "deficits in the adaptation of behavior (i.e., initiation, execution, or withholding) to environmental situations" (Vloet et al., 2010, p. 961) and obsessive thoughts and compulsive behaviors may lead to distractibility and off-task behaviors. Students with OCD and co-morbid Tourette syndrome have even more challenges controlling inappropriate thoughts and behaviors than if they had only one of the two conditions (Hansen, 1992). The impact of OCD with Tourette syndrome results in further complications in day to day functioning and can lead to further difficulties in the areas of motor skills, intellectual and executive functioning, focusing, problem solving and decision making (Chaturvedi, Gartin, & Murdick, 2010; 2011).

Despite the fact that most children and adolescents with OCD have an overall IQ in the average range (Keller, 1989), completing a school day can prove to be mentally and emotionally stressful and physically exhausting. Significant challenges may exist in day to day school life. This may be attributable to the fact that the IQ scores of children with OCD are lower on performance tasks as opposed to verbal tasks. The following sections highlight challenges faced by students with OCD and suggest ways teachers can help students overcome those challenges.

Social Issues

Social issues are a significant concern as students with OCD are more likely to be bullied, victimized, mistreated and socially excluded by their peers (Helbing & Ficca, 2009). They have fewer friends because of the negative perceptions held by others and as a result of not participating in social activities with their peers. Children with OCD report having difficulty making friends, keeping friends, and participating in age-appropriate activities (Langley, Bergman, McCracken, & Piacentini, 2004; Piacentini, Bergman, Keller, & McCracken, 2003).

Bullying. One major issue for children with OCD is bullying and peer victimization. Students with OCD are more likely to be bullied and excluded as a result of being misunderstood or because of their peers' negative attitudes toward their disabilities. Storch et al. (2006) found more than 25% of participants with OCD were victimized by their peers on a regular basis. Peer victimization can manifest in the form of name calling, spreading of rumors, kicking, hitting and social ostracization. Storch et al. also found a positive correlation between symptom severity and peer victimization. The more severe the obsessions and compulsions, the more victimized the participants were, which in turn, increased their symptoms of depression and loneliness.

Teachers can address the problem of bullying by focusing on the similarities that exist among students and the differences that make each student unique. By modeling respectful, positive

interactions with students with OCD, teachers can set an example for other students to follow. By spreading awareness and sharing information about OCD with other students, teachers can create space and opportunities for positive and constructive discussions and dialogue about the condition. Students with OCD and/or parents or other individuals who have OCD can be invited to share their experiences as part of classroom activities. Teachers can use books and movies on disabilities in general and OCD in particular that portray individuals with the condition in a positive light. The Appendix contains a list of educational resources on OCD available for teacher use. Furthermore, teachers can facilitate and encourage communication between students by providing a supportive and structured classroom environment. Teachers can pair students with OCD with other students to work on assignments and projects or to participate in social activities. Such group work should be closely monitored by teachers to ensure groups are goal-directed, exhibit positive and respectful interactions, and meet the intended objective(s) of the assignment.

Isolation, depression, and low self-esteem. Due to the involuntary and uncertain nature of the condition, students with OCD tend to be socially withdrawn, depressed, and have low self-esteem and confidence. Depression is the most common co-occurring condition with OCD (Canavera, Ollendick, May, & Pincus, 2010). Approximately 60 – 80% of adults with OCD report having depression (Besiroglu, Uguz, Saglam, Argargun, & Cilli, 2007) and 20 – 62% of children have co-morbid OCD and depression (Bolhuis et al., 2013). Individuals with OCD and co-morbid depression have obsessions and compulsions that are more severe in intensity and more frequent in nature compared to individuals who only have OCD. They are also found to have a lower level of perceived control as a result of their co-morbid depression (Peris et al., 2010). Additionally, the co-occurrence of OCD and depression can increase the likelihood of individuals having self-doubt and lower levels of self-esteem and can lead to negative peer relations and social isolation (Canavera, Ollendick, May, & Pincus, 2010). Individuals with OCD often try to hide their condition out of shame, embarrassment, and fear of being ridiculed and victimized by others (Helbing & Ficca, 2009; Leininger et al., 2010; Paige, 2007). They may also go to great lengths to hide their obsessions and compulsions out of fear of being ostracized by their peers. They may avoid certain places, things and people that trigger anxiety and stress. The presence of OCD increases the risk of substance abuse and suicidal thoughts (Sloman, Gallant & Storch, 2007). Often misunderstood and viewed as "abnormal" and "crazy" when their obsessive and compulsive behaviors are visible to others, individuals with OCD tend to have lower self-esteem and are often socially withdrawn. Individuals with OCD tend to be perfectionistic (Ye, Rice, & Storch, 2008). The need to be "perfect" has negative repercussion on social and emotional functioning. It can lead to constant self-criticism, low self-esteem, depression and negative peer interactions and relations.

In order to help students with OCD succeed, teachers must create a classroom environment where students feel welcomed, safe, accepted, and understood. However, classroom acceptance does not always occur. Rejection of the student may be the result of a lack of awareness and understanding on the part of his/her peers about the nature of OCD and how it affects individuals. According to Holtz and Tessman (2007), "children's misinformation, fear, and feelings of dissimilarity towards individuals with disabilities may create negative attitudes" (p. 533). Hence, teachers should encourage acceptance and understanding of students with OCD.

Teachers can focus on students' areas of strength and interest to help boost their self-esteem and confidence.

Academic Issues

Even though most students with OCD have average intelligence they will require appropriate support and accommodations to be academically successful (Keller, 1989). The accommodations and support system provided to students must be individually tailored to meet their needs. Teachers should first collect data on the nature, severity and duration of the obsessions and compulsions and identify if a pattern to these behaviors exists. Teachers should ask questions like: When and where do these behaviors take place? Are there any triggers or stressors present when these behaviors take place? Is the student spending an inordinate amount of time and energy in trying to control these behaviors? How does the student cope with these behaviors, if at all? Are there co-morbid conditions present? What are the effects of these disabilities on the student's academic performance?

Once data answering these questions are collected teachers can devise a plan that addresses these behaviors. Most students with OCD have certain common underlying challenges and behaviors that impede their success in the classroom. When they receive services under IDEA, they are classified under the disability category of either Emotional/Behavioral Disorder (EBD) or Other Health Impairment (OHI). Also, students with OCD may qualify for services under Section 504 of the Rehabilitation Act of 1973 (Adams, Smith, Bolt & Nolten, 2007). The following sections address how teachers can meet the needs of students with OCD by appropriately structuring and accommodating the classroom environment, curriculum and instruction, and assessment. Collaboration with parents and appropriate school personnel is essential if students with OCD are to succeed. Also, alternative and innovative strategies should be considered when traditional strategies are unsuccessful.

Interdisciplinary collaboration. To ensure that students with OCD succeed, it is imperative that teachers engage in continuous, constructive and positive collaborative processes with the multidisciplinary team involved in the education of these students. The multidisciplinary team includes the parent, the child's teacher(s), and other school employees such as the school psychologist or examiner, nurse, counselor, social worker, occupational therapist, and school administrator. Parents are an important part of the team. Without their input and help, teachers will find it difficult to meet the needs of students with OCD. Parents are a valuable and crucial resource for teachers as parents understand their children and know things no one else knows about their child. Parents can provide information about the student's at-home behaviors and stressors that trigger symptoms/behaviors outside the school setting. Sometimes, students with OCD suppress their obsessive and compulsive behaviors at school only to have them manifest with more severity once they arrive home. With collaboration and communication, teachers and parents can implement methods to support students with OCD both in school and at home. Some questions for both teachers and parents to consider are: How are obsessive and compulsive behaviors affecting the student in school and at home? What support and help can be provided when these obsessions and compulsions occur? Are there any stressors or triggers leading to such behaviors? Once the answers to these questions are shared, appropriate coping skills can be developed for students with OCD. Also, it is important for parents to know if the student with

OCD had a good or bad day at school. Likewise, teachers should know if students with OCD had a negative episode or experience before they got to school. Such information can be shared and exchanged by means of notes sent with the student, emails or phone calls. Having access to such information can enable both teachers and parents to better support students with OCD.

The school psychologist, counselor, occupational therapist, nurse and social worker are other individuals with whom teachers should collaborate. These individuals have specialized knowledge about psychiatric conditions, which include OCD. By consulting with and sharing information about students with OCD with these school personnel, teachers will be better equipped to address the needs of these students. Teachers can also collaborate with these individuals to educate others and reduce stigma associated with OCD. Since many students with OCD take medication, teachers may be required to monitor and report the effects of these medications on the performance of students in their classrooms. Most medications for OCD have side effects. Teachers can learn about these potential side effects by talking to the school nurse who will be in charge of administering medications to students in school. A commonly used treatment for individuals with OCD includes cognitive behavioral therapy (CBT). Teachers can consult with school psychologists and counselors and gain access to knowledge relevant to CBT and how it affects individuals with OCD. Such understanding can enable teachers to provide well-rounded support to students with OCD. Another important member of the multidisciplinary team is the school social worker. Social workers act as a liaison between parents/family and the school. Issues concerning student's family, social and community life that affect the student's education are usually referred to the social worker. Hence, it is important that teachers work collaboratively with social workers.

Task initiation and completion. Students with OCD often have problems initiating and completing assigned tasks, paying attention in class, and focusing on classroom activities. These problems arise as a result of being distracted and overtaken by obsessive thoughts and compulsive mental and/or physical acts. Teachers can address these problems by providing pre-determined cues to enable the student to get "unstuck" and to start or continue the work (Leininger et al., 2010). Teachers can use proximity to check with the student at frequent intervals and encourage him/her to stay focused and on task. Teachers can divide assignments, tasks, and activities into smaller sections so that it is easier for the student to successfully complete the task. To allow the student to release stress during class, teachers can allow frequent breaks to release both mental and physical tension. It is crucial that teachers never ask the student with OCD to "control or stop" his/her obsessive and compulsive behaviors and/or to "not worry" about them (Paige, 2007). As it is, the student with OCD is already distressed and embarrassed by his/her behaviors and has no control over them. By making such requests and/or demands, teachers will only exacerbate the student's behavior which in turn will cause him/her to be further alienated and depressed.

Tardiness and attendance. Another common issue that students with OCD face is being tardy and/or absent from school or classes. Many students may struggle with their obsessive and compulsive rituals in the morning which may cause them to be late to school. Getting from one class to another can also be a challenge. Students with OCD may try to avoid places, individuals, activities, or objects that trigger their ritualistic behaviors or put undue stress on them (Helbing & Ficca, 2009). Teachers should not penalize the student for tardiness, but should have a pre-

determined plan of action for what will occur when the student arrives late or returns after an absence (Black, 1999). When coming to class tardy, teachers can leave handouts with all the instructions and directions for the entire class period on the student's desk. Thus, when the student gets to class late, he/she can just look at the handout and quickly join the rest of the class. If the student is absent, these papers can be saved and given to the student upon her/his return. Similarly, teachers can provide handouts of the class lectures and notes to all students and not just the student with OCD. This action reduces any perception of favoritism or special treatment of the student with OCD.

Note taking and written assignments. Another area of concern for teachers of students with OCD includes the completion of in-class worksheets and other written assignments. As a result of perfectionist behaviors, these students may need to write, erase, and rewrite answers several times. Hence, students with OCD may be unable to submit their work on time. Teachers can address this particular challenge by allowing students to record/tape their answers, to use the computer, or to be allowed extra time to complete the work. For example, writing by hand and staying on task may be a challenge for students with Tourette syndrome because of their tics; for students with ADHD because of inability to pay attention and focus; and for students with depression because of the lack of motivation and emotional inability to move forward. See Figure 1 for overlap of characteristics between OCD and co-morbid ADHD, Tourette syndrome and depression. Irrespective of the nature and intensity of OCD symptoms/behaviors and/or the existence of co-morbid conditions, students with OCD will require appropriate social, emotional and academic supports to succeed in classrooms.

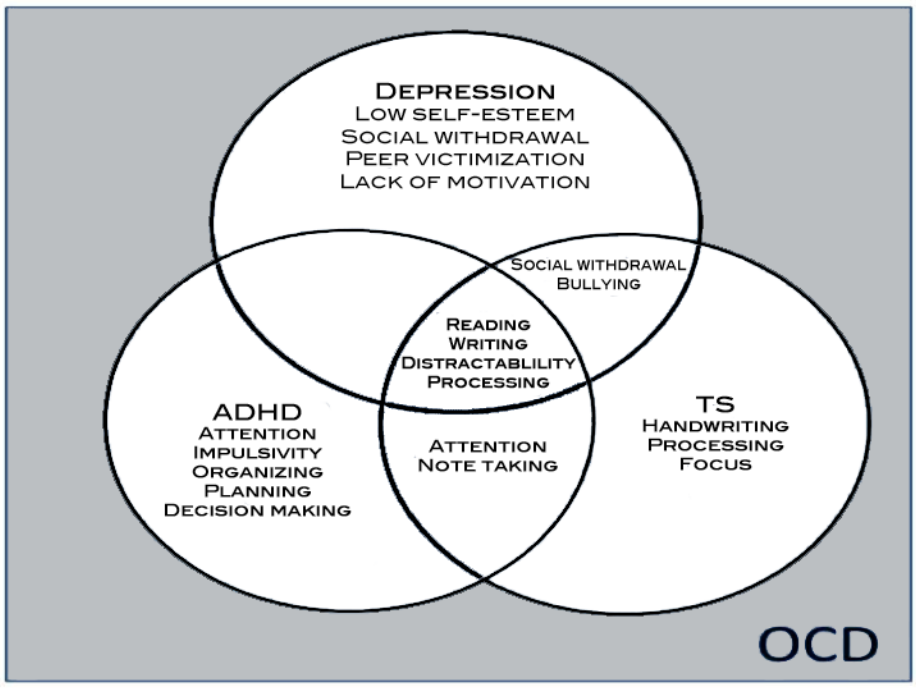

Figure 1. Overlap of characteristics of OCD and co-morbid disorders.

Timed tests and assignments. Because of the inherent stress related to content evaluation, students with OCD also struggle with tests and exams. Additionally, students with OCD often perform poorly when placed under additional stressful situations such as timed tests. Hence, teachers should not use rigid time constraints with students with OCD. This does not mean that students with OCD be given less work to do, but it does mean they may be given additional time to finish assignments when necessary. Teachers can allow the student to work in a place where he/she feels comfortable and allow the student to incorporate breaks as needed (Leininger et al., 2010). Creating a safe and comfortable space in the classroom that is separated from other students can become a refuge for the student and provide him/her a quiet place to de-stress, calm down and regain focus. Providing un-timed tests and exams in a quiet and comfortable environment can help alleviate some of the stress and struggles for these students.

Class transitions. Transitions are another area of difficulty for students with OCD (Leininger et al., 2010). They have difficulty transitioning from one activity, topic and environment to another. Since students with OCD function better in a structured and predictable environment (Paige, 2007), teachers should communicate clearly to students what is expected of them and provide adequate support to meet those expectations. Teachers can help students prepare for transitions by providing advance notice and standing near the student when changes occur. Teachers should train all students in classroom routines, provide a handout of scheduled activities to the students, and post class schedules in the classroom so they are visible at all times.

Mindfulness Based Intervention (MBI). MBI as a form of intervention for individuals with disabilities was first introduced by Kabat-Zinn (1982). He defined mindfulness as, "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience" (Kabat–Zinn, 2003, p. 145). Bishop et al. (2004) operationally defined mindfulness as consisting of two components: (1) self-regulation of attention, and (2) an attitude characterized by curiosity, openness, and acceptance of one's experience. The core of MBI includes awareness of breathing, awareness of bodily sensation, awareness of actions, awareness of mental states, and shifting attention from past and future to the present moment (Hwang & Kearney, 2013). Even though research on the efficacy of MBI is still in nascent stages, an existing body of research does show that MBI has a positive effect on the emotional, social, and mental health of individuals with disabilities. Studies have found a decrease in parent-rated occurrences of inattention, hyperactivity, and impulsivity in children with ADHD after receiving MBI training (Van der Oord, Bogels, & Peijinenburg, 2011); improved attentional readiness in individuals with bipolar disorder (Howells, Ives-Deliperi, Horn, & Stein, 2012); reduction in anxiety, social problems, oppositional defiant behavior, and conduct problems in adolescents with learning disabilities and ADHD (Haydicky, Wiener, Ducharme, Badali & Milligan, 2012); a decrease in externalizing and internalizing behaviors in adolescents with ADHD, oppositional and conduct disorders, and autism (Bogels, Hoogstad, van Dun, de Schutter & Restifo, 2008); and a reduction in symptoms of depression and anxiety in adults with intellectual disabilities (Idusohan-Moizer, Sawicka & Albany, 2013).

Students with OCD often exhibit co-morbid symptomatology (i.e., anxiety, depression, inattention, and social problems); thus, they may also benefit from MBI. By practicing mindfulness students can learn to accept their obsessions and compulsions as experiences that are fleeting in nature. Such acceptance can reduce the anxiety and worry associated with the

occurrence of obsessions and compulsions. Teachers can incorporate a few minutes of mindfulness breathing in their schedule at the beginning of class every day in which the whole class can participate. Such practice can provide all students, and especially students with OCD, an opportunity to become centered, calmed and focused.

Conclusion

Teachers of students with OCD face unique challenges as a result of the student's obsessive and compulsive behaviors. However, early identification and intervention can enable these students to learn appropriate coping skills and reduce the negative implication of OCD. Teachers should understand the nature and implications of having OCD on an individual's life. To help these students succeed teachers should collaborate with other school personnel and parents and tailor their instruction to meet the individual needs of students with OCD. Since one of the most debilitating effects of OCD is on the student's emotional and social life, teachers should take appropriate steps to promote a climate of acceptance and help the student foster positive relationships with peers.

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Appendix

Additional Resources for Educators and Parents

Videos

- *OCD in the Classroom: A Multi-Media Program for Parents, Teachers, and School Personnel*
- *The Touching Tree: A Story about a Boy with OCD*
- (Additional videos available at http://www.ocfoundation.org/)

Books

- Cooley, M. L. (2007). *Teaching kids with mental health & learning disorders in the regular classroom: How to recognize, understand, and help challenged (and challenging) students succeed*. Minneapolis, MN: Free Spirit.
- Dornbush, M., & Pruitt, S. K. (1995). *Teaching the tiger: A handbook for individuals involved in the education of students with attention deficit disorder, Tourette syndrome or obsessive compulsive disorder.* Duarte, CA: Hope Press.
- Evans, J. (2007). *Repetitive Rhonda.* Tampa, FL: Breath & Shadows Productions.
- Moritz, E. K. (2011). *Blink, blink, clop: An OCD storybook.* Weston, FL: Weston Press.
- Talley, L. (2006). *A thought is just a thought: A story of living with OCD.* New York: Lantern Books/Division of Booklight.

Information on Mindfulness Based Intervention (MBI)

For persons seeking additional information concerning mindfulness based intervention in the classroom, resources and information can be found online through organizations like Mindfulness in Education Network (MiEN), Omega NYC and the Garrison Institute Initiative on Contemplative Teaching and Learning. Some mindfulness based programs in the field of education that have been developed recently include CARE for Teachers, offered by Garrison Institute Initiative on Contemplative Teaching and Learning; MindUp, a curriculum for students in grades P-8 developed by Horne Foundation; and Learning to BREATHE, a curriculum for adolescents to regulate emotions, attention, and stress (Rocco, 2012).