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 at their desk
• Frequent trips to the bathroom
• Poor concentration
• Falling grades
• 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, excessively 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 their rituals such as hand washing, counting, or cleaning in an attempt 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 other anxiety disorders. 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.

New 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 in childhood. 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 obsessions are:
• Aggression
• Loss
• Doubt
• Sex
• Religion
• Contamination
• Orderliness and symmetry

Common compulsive behaviors are:
• Hoarding
• Avoiding
• Counting
• Cleaning and washing
• Reassurance seeking
• Repeating
• Touching
• Checking
• Ordering or arranging

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.
Children’s Mental Health Fact Sheet for the Classroom

Obsessive-Compulsive Disorder

**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. 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.

**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 place of writing.
- Allow the student to turn in late work for full credit.
- 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 consequently increase the undesired behavior.
- Post the daily schedule in a highly visible place so the students 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 (e.g., computer-assisted instruction programs, CD-ROM demonstrations, videotape presentations) that can engage student interest and increase motivation.

For additional suggestions on classroom strategies and modifications see “A Teacher’s Guide to Children’s Mental Health” available from MACMH.

**Resources**

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

Obsessive Compulsive Foundation
676 State Street
New Haven, CT 06511
203-401-2070
Fax: 203-401-2076
www.ocfoundation.org
Free brochures, referrals, newsletter, support groups

Publications:


Kidscope, OCD kids newsletter. Contact: Marilyn London, Editor, Kidscope, P.O. Box 70, Milford, CT 06460-0070