

OBSESSIVE- COMPULSIVE DISORDER (OCD)

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
- Is preoccupied
- Needs constant reassurance
- Perseverates

ABOUT THE DISORDER

Obsessive-compulsive disorder (OCD) is an illness that causes people to have unwanted thoughts (obsessions) and to repeat certain behaviors (compulsions) over and over again. 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.

Doctors once believed that obsessive-compulsive disorder was a rare condition, but it's now known to be one of the more common mental illnesses. Recent studies show more than 3 million Americans have obsessive-compulsive disorder. OCD often begins during adolescence or early childhood. About $\frac{1}{3}$ to $\frac{1}{2}$ of adult cases began in childhood, and it affects males and females equally.

Students 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. Most students with OCD know that their obsessions and compulsions make no sense, but they can't ignore or stop them. Eventually, these behaviors and thoughts may take up more and more of their day, making it virtually impossible to lead a normal life.

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 (see *An Educator's Guide to Children's Mental Health* pages 66–67) or autism (see *An Educator's Guide to Children's Mental Health* pages 58–59).

The exact cause of obsessive-compulsive disorder is not known. Some researchers believe that its cause is biological while others think that the cause may be related to both biological and environmental factors. Brain imaging studies suggest that an insufficient level of serotonin, one of the brain's chemical messengers, may contribute to obsessive-compulsive disorder. People with obsessive-compulsive disorder who take medications that enhance the action of serotonin often show great improvement. 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 obsessions are:

- Aggression
- Sex
- Loss
- Orderliness and symmetry
- Doubt
- Fear of dirt or germs (contamination)

- Fear of harming a friend or family member
- Fear of thinking evil or sinful thoughts

Common compulsive behaviors are:

- Cleaning and washing

- Hoarding or saving
- Touching
- Avoiding
- Seeking reassurance
- Checking
- Counting
- Repeating
- Ordering or arranging

Students who show symptoms of OCD should be referred for a mental health assessment. Behavior therapy and pharmacological treatment have both proven successful in treating this 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. 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.
- Using diplomacy and with the student's consent, educate the student's peers about OCD.
- Keep transitions to a minimum, and prepare the student for them when possible. Allowing time before and after transitions will help the student regain concentration.
- 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).

For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health pages 18–24.

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

International OCD Foundation, Inc.

112 Water Street, Suite 501
Boston, MA 02109
617-973-5801 • www.ocfoundation.org

Free brochures, referrals, newsletter, support groups

NAMI (National Alliance for the Mentally Ill)

3803 North Fairfax Drive Suite 100
Arlington, VA 22203
703-524-7600 • 800-950-6264

www.nami.org

Medical and legal information, helpline, research, and 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

Educational materials for professionals and the public

SAMHSA'S National Mental Health Information Center

PO Box 2345
Rockville, MD 20847
800-789-2647 • www.mentalhealth.samhsa.gov
Resources about child and adolescent mental health and links to other web-based materials for educators

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.