

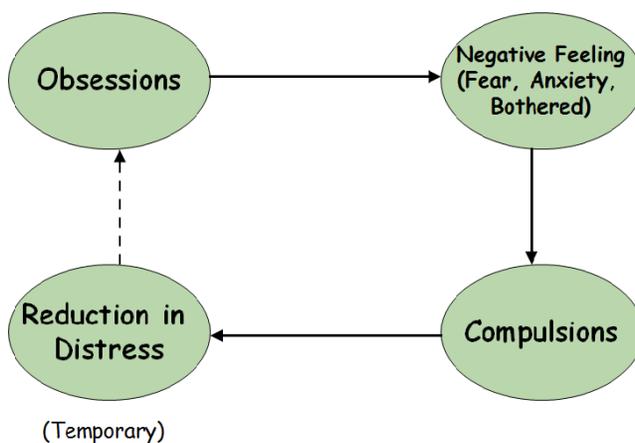
Identifying and Supporting Students with OCD in Schools

The information provided below is intended for educational and informational purposes only and should not substitute the opinion of a mental health professional.

What is OCD?

Obsessive-Compulsive Disorder (OCD) is a neuropsychiatric illness that often begins in childhood and has significant impact on family, academic, occupational, and social functioning. Children and youth with OCD have obsessions or unwanted and upsetting thoughts, images or ideas that get stuck in their heads. To ease their anxiety or to make the obsessions temporarily go away, they perform compulsions or ritualistic behaviours and routines over and over again. Obsessions and compulsions tend to be time-consuming (more than 1 hour/day) and cause significant distress or interfere with students' daily functioning at home and/or at school.

The Obsessive-Compulsive Cycle



Handout developed by Dr. Juliana Negreiros, R. Psych., and funded by the OCDbc Postdoctoral Fellowship

Facts about OCD1:

- It affects 1-3% of the general population
- It is considered one of the top ten leading causes of global disability
- Children and youth with OCD are more likely to have other disorders related to anxiety, mood, or disruptive behaviour
- Obsessions and compulsions may change and wax and wane throughout childhood and life
- OCD remains chronic in approximately 40% of cases and does not tend to resolve without treatment
- Proven first-line treatments include:
 - Cognitive behaviour therapy (CBT) with exposure and response prevention (E/RP)
 - Anti-depressants (Selective Serotonin Reuptake Inhibitor [SSRI])
- There is a significant delay between the onset of obsessive and compulsive symptoms and the time an individual receives a formal diagnosis and is able to access OCD-specific treatment.
- Consequences of untreated OCD include:
 - Significant family disruption
 - School difficulty
 - Peer relationship difficulty
 - Higher rates of unemployment
 - Less work productivity
 - Lower rates of marriage

Common Obsessions and Compulsions in Children and Youth

Obsessions	Compulsions
Contamination	Washing and cleaning
Harm to self or others	Checking
Symmetry and exactness	Ordering/arranging
Need for perfection	Counting, tapping, touching, or rubbing
Forbidden thoughts (e.g., religious, sexual, moral)	Mental rituals

Visit www.anxietybc.ca for more details

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What does the research say about the impact of OCD on school functioning?

- Students with OCD may present with school avoidance, school refusal, and limited academic performance (Geller et al., 1998).
- They report difficulty with concentration on schoolwork and homework completion (Piacentini et al., 2003).
- They may present with executive function difficulties and may exhibit deficits in social functioning (Snyder et al., 2015; Storch et al., 2006).

Keep in mind:

- OCD may:
 - Co-occur with other mental disorders such as ADHD, Anxiety, Oppositional Defiant Disorder, or even psychosis or may resemble these disorders.
 - Be confused with misbehaviour, daydreaming, lack of interest, or “laziness.”
- Students may be extremely tired at school due to:
 - Excessive time and effort spent on obsessions and/or compulsions
 - Lack of sleep

Identifying OCD in Schools - General indicators:

Difficulty	What does the behaviour may look like?
Concentration	Difficulty following instructions; paying attention in class; starting/completing assignments
Memory	Missing information or forgetting things/steps due to distraction of OCD symptoms that disrupt memory storage process
School Attendance	Absenteeism; tardiness; request to be excused from or drop out of team activities; prolonged class time spent in bathroom due to getting “stuck”

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Identifying OCD in Schools - General indicators:

Difficulty	What does the behaviour may look like?
Problem Behaviour	Noncompliance; arguments; stubbornness; agitation; excessive request for reassurance or explanations; repetition of sounds/words/phrases
Avoidance	Of triggering classes, areas, activities, school materials, or people
Socialization	Decreased peer interaction; potential bullying; victimization
Academic Achievement	Declining grades; incomplete assignments; taking too long to complete tasks

Potential Learning Difficulties associated with OCD

Listening/ Participating	Not concentrating on what a teacher says; difficulty understanding lesson; not giving prompt answers; avoiding topics/class activities
Work completion	Getting "stuck" on a question; inability to skip items; over thinking questions or doubting one's answer; need to complete tasks perfectly
Exams/quizzes	Not "able" to prepare enough; challenges with multiple choice items and timed tests; uncertainty about "right way" or "right answer"
Reading	Being distracted from words due to focus on worries (e.g., highlighted red = blood) or rituals (e.g., counting letters); need to re-read in effort to perfectly understand meaning
Math	Avoiding problems that contain certain numbers; re-doing/re-checking problems; difficulty with rote memorization due to focus on obsessions/compulsions
Writing	Difficulty putting ideas on paper (e.g., perfectionism); tendency to excessively erase or re-write things; taking too long to write sentences (until it feels "just right"); handwriting difficulty (too rushed or too perfect); avoidance of writing certain letters, numbers or words due to associated obsessions

Examples of OCD Symptoms at School

Indicator		Behaviour
Contamination	Very red/rough/cracked skin (e.g., hands, arms, face) due to repeated washing	Repeated/lengthy bathroom visits; "protecting" personal property; avoiding touching common area, objects or using bathroom; not sharing items
Indicator		Behaviour
"Just so/right"	Spending significant amount of time completing assignment or repeating an action	Repeatedly revising written work or erasing; checking backpack/clock; fidgeting with clothing until it feels "just right"
Excessive doubting	Frequently seeking reassurance; re-checking work	Repeatedly asking same questions; asking the teacher to repeat a question many times or give feedback that the student has done/heard something correctly
Fear of plagiarism/cheating	Late assignment; not turning it in; not answering items	Repeatedly re-reading papers/sources; skipping test items; using barriers to block student's view from his peers; throwing homework away if parent has helped

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Supporting Students with OCD in Schools

- Have knowledge about OCD symptomology and its effects on school functioning
- Maintain a home-school communication system and involve parents as appropriate
- Collaborate with mental health professionals
- Develop an Individual Education Plan (IEP) based on the student's current needs:
 - Keep the IEP simple
 - Gather data: academic screening tools, rating scales & observations
 - Include key support people in the team
 - Develop interventions to target students' unique needs
 - Have short-term goals
 - Implement TEMPORARY adaptations until symptoms improve
 - Monitor and chart progress: changes in behaviour & academic outcome (e.g., direct/indirect tools)
 - Review & adjust IEP goals regularly
 - Pre-schedule bi-monthly meetings
 - Assign roles & actions to team members
 - Troubleshoot and consult about difficulties
 - Celebrate success!

Importance of TEMPORARY adaptations

The term *“temporary adaptations”* may be confusing for teachers who typically develop and implement long-term adaptations to help students meet their academic potential. Differently from students with intellectual or learning disabilities, students with OCD may need *time-limited* school adaptations. As students meet their OCD treatment goals and their symptoms improve, school adaptations may be gradually reduced or terminated (depending on the case). It is essential that school adaptations be developed in collaboration with the student, his/her family, and a mental health professional.

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Ideas for temporary adaptations for OCD

Area	Strategy
Assignments/Homework	<ul style="list-style-type: none"> • Extra time • Reduced workload • Alternative format (voice dictation software; computer) • Time limit for work • Prorate grade on completed work • Avoid grading work on neatness • Flexible deadlines
Exams	<ul style="list-style-type: none"> • Extra time • Alternative format (e.g., oral) • Separate room
Presentations/ Public speaking	<ul style="list-style-type: none"> • Reduce public speaking • Use taped presentations • Have one-on-one presentation • Pre-arrange calling on the student
Note taking	<ul style="list-style-type: none"> • Provide prepared notes to highlight • Give a copy of class notes
Following direction & transitions	<ul style="list-style-type: none"> • Negotiate reasonable expectations • Have alternatives for avoidant behaviour • Use timer to signal start/end of new task • Use checklist with steps for a task
Breaks	<ul style="list-style-type: none"> • Prearrange signal system • Have a safe person that the student can go to when struggling with OCD • Have a safe place for the student to calm down before re-entering class
Preferential sitting	<ul style="list-style-type: none"> • Sit in the front (depending on triggers) • Sit in the back

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Other classroom strategies and interventions that target the OCD:

- Consider educating the class about OCD if the student and his/her family approve it. Make sure you obtain written consent from the family and carefully plan with the family and a mental health professional what will be discussed.
- To decrease social isolation:
 - Have structured classroom activities to build social relationships
 - Partner the student with empathetic and respectful peers
 - Eliminate teasing or bullying by talking generally and openly about it, discussing diverse scenarios, and building empathy and understanding in students
 - Educate all students about diverse disabilities and illnesses
- With the help of a mental health professional and the student's approval, develop a plan to try not to engage in compulsive behaviour while empathizing with the student's difficulty. Below are some examples:
 - **Reassurance:** When you realize that the student's request for reassurance or repetition is related to OCD, use a nonverbal signal previously discussed in private with the student that indicates that this is an OCD question. Repeat or explain it one more time and after that encourage the student to try his/her best to work on his/her own. Plan ahead of time to delay the response for a set time period.
 - **Perfectionism:** If you notice that the student is stuck on a question, cannot complete the work, or keeps erasing it because it has to be "perfect," verbally praise the work the student has accomplished so far and then encourage him/her to move on. When appropriate, you can state one time that the expectation is not for the work to be 100% correct and that "perfection does not exist."

- **“Just right”**: If you notice that the student is excessively erasing, rewriting or crossing out letters/words because these need to be “just right,” reinforce the student that his/her work will not be marked on neatness if it’s readable.
- **Checking**: When you notice that the student is spending too much time checking his/her work, emphasize the need to move ahead and finish the work. You can also negotiate a strategy to help the student spend less time checking (e.g., the student covers the lines as he/she reads a paragraph or completes a problem).
- **Avoidance**: If you notice that the student tends to avoid performing certain tasks or going to specific areas of the classroom due to the OCD, develop a plan with the student to gradually expose him/her to the triggering stimuli. For example, if the student avoids going to a particular area of the classroom due to contamination concerns, first ask the student to sit a few feet away from the contaminated area until he/she habituates to the distress of being near that area without engaging in compulsive behaviour (e.g., hand washing). When the student no longer is triggered by that distance, encourage the student to gradually approach the area using the same strategy (i.e., habituation). The goal will be for the student to eventually go and use materials in the contaminated area without feeling anxious or disgusted or engaging in compulsive behaviour.

This handout was based on the following resources:

Websites:

- AnxietyBC: <https://anxietybc.com>
- OCD Education Station: <http://www.ocdeducationstation.org/>
- OCD in Kids from IOCDF: <http://www.ocfoundation.org/ocdinkids/>
- OCD at school from ADAA: <https://www.adaa.org/understanding-anxiety/obsessive-compulsive-disorder/ocd-at-school/hidden-symptoms>

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Books:

- Students with OCD: A Handbook for School Personnel (by Adams)
- Teaching Kids with Mental Health and Learning Disorders in the Regular Classroom: How to Recognize, Understand and Help Challenged (and Challenging) Students Succeed (by Cooley)
- Teaching the Tiger: A Handbook for Individuals Involved in the Education of Students with Attention Deficit Disorders, Tourette Syndrome or Obsessive-Compulsive Disorder (by Dornbush & Pruitt)

¹For reference list regarding the section “Facts about OCD,” please contact the author.