

Identifying and Supporting Students with OCD in Schools

Handout developed by Dr. Juliana Negreiros, R. Psych.

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

What is OCD?

Obsessive-Compulsive Disorder (OCD) is a neuropsychiatric illness that often begins in childhood and has a significant impact on family, academic, occupational, and social functioning. Children and youth with OCD have obsessions or unwanted and upsetting intrusive thoughts, images, feelings, or urges. To ease their anxiety or discomfort and 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. They can also interfere with student’s daily functioning at home, school, and/or in the community.

Facts about OCD¹

- It affects approximately 2% of the general population.
- It is considered one of the top 10 leading causes of global disability.
- About 50% of cases start in childhood, but it takes many years for people to access the proper treatment.
- 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 a person’s childhood and life.
- OCD remains chronic in approximately 40% of cases.
- First-line treatments:
 - Cognitive behavioural therapy (CBT) with exposure and response prevention (ERP).
 - Anti-depressants (Selective Serotonin Reuptake Inhibitor [SSRI]).
- Consequences of untreated OCD include:
 - Adverse effects on family members
 - School difficulty
 - Peer relationship challenges
 - Higher rates of unemployment
 - Less work productivity
 - Lower rates of marriage

Common Obsessions and Compulsions in Children and Youth (see anxietycanada.com for more details)

Obsessions	Compulsions
Contamination	Washing and cleaning
Accidental harm to self or others	Checking
Symmetry and exactness	Ordering/arranging
Need for perfection	Counting, tapping, touching, rubbing
Forbidden thoughts	Mental rituals

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 concentrating on schoolwork and completing homework (Piacentini et al., 2003).
- Executive function difficulties and deficits in social functioning are common (Negreiros et al., 2019; Snyder et al., 2015; Storch et al., 2006).
- Underperformance in math has been reportedly present in a higher-than-expected proportion of OCD-affected youth (Negreiros et al., 2018).
- There is pervasive academic underachievement across their lifespan, most significantly at the end of upper secondary school, which tends to improve during university education (Pérez-Vigil et al., 2018).
- When families disclosed their child’s OCD diagnosis to the school, such disclosure had positive outcomes for their child (Negreiros et al., 2022).

Keep in mind:

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

Identifying OCD in Schools - General Indicators:

Difficulty	What could the behaviour look like?
Concentration	Following instructions, paying attention in class, starting/completing assignments.
Memory	Missing information or forgetting things/steps due to interference of OCD symptoms that disrupt the storage process.
School Attendance	Absenteeism, tardiness, request for being excused from or dropping out of team activities.
Problem Behaviour	Noncompliance, arguments, stubbornness, agitation, excessive request for reassurance or explanations, repetition of sounds/words/phrases.
Avoidance	of certain classes, areas, activities, school materials, or people.
Socialization	Limited peer interaction, bullying, victimization.
Academic Achievement	Low grades, incomplete assignments, taking too long to complete tasks.

Potential Learning Difficulties Associated with OCD

Listening/Participating: not concentrating on what a teacher says; misunderstanding key points; not giving prompt answers; avoiding topics/class activities.
Work Completion: getting “stuck” on a question; inability to skip items; overly thinking about 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 to fully understand meaning.
Math: avoiding completing problems that contain specific numbers; re-doing/re-checking problems; difficulty with rote memorization due to focus on obsessions/compulsions.
Writing: 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).

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 the bathroom, not sharing items.
“Just so/right.”	Spending a significant amount of time completing assignments 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 the same questions, requesting the teacher to repeat a question many times or giving feedback that the student has done/heard something correctly.
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

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 accommodations until symptoms improve:
 - Monitor and chart progress: changes in behaviour and 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!



Ideas for TEMPORARY Accommodations

***Please note: Students with OCD may need time-limited school accommodations. As students meet their OCD treatment goals and their symptoms improve, school accommodations may be reduced or terminated (depending on the case). It is essential that school accommodations be developed in collaboration with the student, their family, and a mental health professional.**

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	<ul style="list-style-type: none">• Reduce public speaking.• Use taped presentations.• Have one-on-one presentation.• Pre-arrange calling on the student.
Following Direction & Transitions	<ul style="list-style-type: none">• Negotiate reasonable expectations.• Have alternatives for avoidant behaviour.• Use a timer to signal the start/end of a new task.• Use a checklist with steps for a task.
Note Taking	<ul style="list-style-type: none">• Provide prepared notes to highlight.• Give a copy of class notes.
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.
Preferential sitting	<ul style="list-style-type: none">• Sit in the front (depending on triggers).• Sit in the back.

Other Classroom Strategies and Interventions that Target OCD:

- Consider educating the class about OCD if the student and their family approve it. Ensure you obtain written consent from the family and carefully plan what will be discussed with the family and a mental health professional.
- 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 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 this is an OCD question. Repeat or explain it one more time, and after that, encourage the student to try their best to work independently.
 - **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 them to move on. When appropriate, you can state one time that the expectation is not for the work to be 100% correct.
 - **“Just right”:** If you notice that the student is excessively erasing, rewriting, or crossing out letters/words because they need to be “just right,” remind the student that their work will not be marked on neatness if it’s readable.
 - **Checking:** When you notice the student spending too much time checking their work, emphasize the need to move ahead and finish it. You can also negotiate a strategy to help the student spend less time studying (e.g., the student covers the lines as they read a paragraph or completes a problem).

This handout was based on the following websites:

- Anxiety Canada: <https://www.anxietycanada.com/>
- OCD Education Station: <http://www.ocdeducationstation.org/>
- OCD in Schools from IOCDF: <https://anxietyintheclassroom.org/>
- OCD at school from ADAA: <https://www.adaa.org/understanding-anxiety/obsessive-compulsive-disorder/ocd-at-school/hidden-symptoms/>

This resource also references the following 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).

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¹ For a reference list regarding the section “Facts about OCD,” please get in touch with the author.

