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Obsessive-Compulsive Disorder: Information for Parents and Educators

By Leslie Z. Paige, EdS, NCSP
Fort Hays State University

Obsessive-Compulsive Disorder (OCD) is a type of anxiety disorder that causes unwanted, obsessive thoughts and compulsive, repeated behaviors. The ritualistic behaviors associated with OCD are an attempt to cope with the intrusive obsessive thoughts. For example, a child with obsessive thoughts regarding disease or contamination might frequently wash his or her hands. OCD symptoms range from mild to severe, and can interfere with school or social functioning.

Background

Approximately 2-3 % of adults and children have OCD. Rates of OCD in children are approximately 1.9%. Because individuals with OCD may try to hide the symptoms, this number may be an underestimate. Symptoms in females usually begin in young adulthood, and symptoms in males usually begin between the ages of 6 and 15. OCD occurs equally in both genders, and is present in all ethnic groups. The earlier OCD is diagnosed and treated, the better the outcome.

The cause of OCD is unknown, but research suggests it may be due to a problem with the way information is processed in the brain. OCD appears to result from a biochemical imbalance that causes the brain to send false messages of danger and prevents screening. There is also research suggesting that OCD may be a learned response to reduce anxiety through compulsive behaviors, sometimes triggered by a stressful event. Diagnosis of OCD is usually made by a mental health provider or physician and is based upon the symptoms.

Characteristics of OCD

Individuals with OCD exhibit obsessive thinking and compulsive behaviors. They typically report that they feel unable to control their thoughts and feel compelled to perform the behaviors. Symptoms may worsen when the child is stressed, ill, or sleep deprived.

Symptoms and Patterns of OCD

Obsessions. These are involuntary, recurring, unwanted thoughts that cause feelings of anxiety or dread. Obsessions are irrational and interfere with normal thinking. Common obsessions include fears of contamination, disease, or causing harm, sexual images, doubting (checking locks), thinking something must be done a certain number of times or keeping items in certain positions to avoid harm, hoarding, and fears associated with religion.

Compulsions. These are behaviors that are repeated to try to control the obsessions. These behaviors reduce anxiety temporarily, but the urge to perform the compulsive behavior becomes stronger over time. Other compulsive behaviors may be added when the original compulsive behaviors become less effective in reducing anxiety. The vicious cycle of OCD is that more elaborate rituals are needed to provide relief from the unwanted thoughts. Sometimes it is possible to see the connection between the obsession and the compulsion, such as fear of contamination and washing hands. However, sometimes there is no logical link, such as needing to wear certain clothes to prevent a burglary. Some children can delay performing the compulsive behavior, but this is very difficult and they will nearly always engage in the compulsive behavior later. Common compulsions include:

- Excessive washing and cleaning
- Checking (checking and rechecking locks, appliances)
- Counting
- Redoing (opening and closing, erasing and rewriting)
- Hoarding (cannot throw things away)
- Praying (continuous and excessive)
- Symmetry (movements need to match, things have to look the same)

Some compulsions cannot be observed (such as counting rituals), but others can be easily seen (such as hand washing).

Impact of OCD Symptoms

Key questions to ask when diagnosing OCD include:

- How time consuming are the behaviors?
- What is the degree of distress?
- How much do the obsessions or compulsions interfere with daily functioning?

Although many people may feel anxious and check to see if they left the iron on, once they determine that it is off they can go about their daily lives. Individuals with OCD need to check, recheck, and check again, and this can involve an hour or more. Cleaning household items with disinfectant as part of housekeeping or during flu season is a good habit, but cleaning schoolbooks daily with disinfectant and washing hands until they bleed may indicate a problem.

As a result of the compulsions and obsessions, OCD can be very disruptive. Depression, agitation, difficulty paying attention, feelings of shame, stress, slow performance (owing to time-consuming rituals), and other problems may be associated with poor academic performance and difficulties with family and social relationships.

Treating OCD

Early diagnosis is important. There is no cure, but a combination of medication and cognitive-behavior therapy is considered to be the most effective treatment.

Medication. There are medications that are effective for treating OCD. Medication helps to decrease the feelings of anxiety and the intensity of the symptoms, and allows the child to ignore or turn down the volume of the obsessive thoughts.

Cognitive-behavior therapy. Children with OCD benefit from learning to cope with the obsessive thoughts and reduce the compulsive behaviors. Many individuals with OCD believe that they are going crazy and knowing what the disorder is and the brain's role in tricking individuals into thinking that there is danger or a threat can help to alleviate this fear. Therapy helps to decrease the symptoms, provides explanations for the behaviors, and teaches children strategies to deal with OCD.

Treatment strategies vary, depending upon the age of the child and the severity of the symptoms. Sometimes the behavior is limited by setting a time limit. For example the child is allowed to pray for 10 minutes instead of 2 hours. Sometimes the child will be asked to perform rituals in reverse order, or to engage in a different activity. The mental health practitioner can help children find ways to keep OCD from controlling their lives.

Support From Families

Living with a child with OCD can be very challenging. OCD can disrupt families. Simply telling the child to stop the behavior will be ineffective. Some families may accidentally encourage the rituals; for example, by helping the child turn lights on and off in a set pattern. These reactions do not reduce the child's feeling of anxiety or danger. Many parents report feeling fear, frustration, or anger when their child engages in these disruptive rituals.

It is important for parents to participate in therapy sessions to learn about OCD and how to help their child. Parents can help by learning how to help their child follow their treatment plan and to take the medication. Support groups may also be beneficial for parents.

Support From School Personnel

Identifying OCD. Children with OCD typically try hard to hide their disorder, which makes diagnosis difficult. Teachers can help by becoming educated about OCD. If they notice that there is a child who seems to engage in time-consuming strange behaviors that are repetitive and interfere with social or academic functioning, they should consult with their school psychologist or school counselor. Some children with OCD exhibit behaviors commonly associated with Attention Deficit Hyperactivity Disorder. For example, children with OCD may appear inattentive because they are focused on their obsessive thoughts. A lesson in math or spelling is less compelling than the fear that the house may burn down or the belief that he or she is contaminated with cancer or AIDS. They may become agitated because they want to engage in a ritualistic behavior but want to comply with classroom rules to stay seated.

Interventions. Good communication between home and school is very important. Teachers can help work with the child and the family to help alleviate symptoms by following through on treatment plans that involve the school day. Plans for dealing with certain behaviors that work at home may be helpful at school.

Information from the outside mental health provider and/or school psychologist will be helpful in understanding and helping the child in managing the OCD. The school nurse may need to administer medication during the school day. The school psychologist will be able to assist with educational and behavioral strategies to decrease anxiety, reassure the child, and reinforce coping skills.

A well-structured classroom with clear expectations, smooth transitions, and a calm climate is helpful for most students, but particularly for the child with OCD. Be aware of any teasing or problems with social relationships. Punishing or embarrassing the child are ineffective and should be avoided because they may make the behaviors worse. The symptoms will tend to worsen if the child is feeling stressed.

Teachers may need to know how the obsessive thoughts or compulsive behaviors are interfering with academic or social behaviors. For example, some children may need extra time to take a test because they need to check and recheck their answers. Children with contamination fears may be unable to tolerate being touched.

Some children with OCD may qualify for special education services if the disorder interferes with learning or behavior to a significant degree.

Summary

The symptoms of Obsessive-Compulsive Disorder can be extremely disruptive and distressing. Children with OCD can be helped with a combination of medication and cognitive-behavior therapy designed to reduce the intensity of the obsessions and decrease the compulsive behaviors. It is important that caregivers and educators learn about OCD and how to work together with the child to manage the behaviors and implement the treatment plans.

Resources

Chansky, T.E. (2000). *Freeing your child from obsessive-compulsive disorder*. New York: Three Rivers Press. ISBN: 0812931173.

Websites

National Institute of Mental Health-*www.nimh.nih.gov/publicat/ocd.cfm##ocd2*

OCD Foundation-*www.ocfoundation.org/ocf1010a.htm*

Web MD-*www.webmd.com*

Leslie Z. Paige, EdS, NCSP, is the Grants Facilitator for the Docking Institute of Public Affairs and the Graduate School at Ft. Hays State University in Hays, KS. Previously she was a school psychologist for the Hays West Central Kansas Education Cooperative and directed several federally funded mental health projects, including

RURAL: Safe Schools/Healthy Students Initiative and the Hays Middle School Drug Prevention and School Safety Coordinator Grant. She is currently the project director for the Hays Emergency Action Response Team Crisis Preparedness Grant for the Hays Unified School District. This handout will be published by NASP in spring 2004, in Helping Children at Home and School II: Handouts for Families and Educators.