

SYMPTOMS/BEHAVIOURS

- · Unproductive time retracing the same word
- Touching the same objects repeatedly
- Erasing sentences or problems repeatedly
- Counting and recounting objects, or arranging and rearranging objects
- Frequent trips to the bathroom
- · Poor concentration and school avoidance
- · Anxiety or depressed mood

EDUCATIONAL IMPLICATIONS

Compulsive activities often take up so much time that students are unable to concentrate on their schoolwork. This could lead to poor or incomplete work and even school failure.

Many students with OCD find verbal communication very difficult. They may feel isolated from their peers as their compulsive behaviour leaves them little time to interact or socialize with their classmates. They could avoid school because they are worried that teachers or peers will notice their odd behaviour. If asked why a behaviour is repeated, many students respond "It doesn't feel right."



SERIES ON MENTAL HEALTH AND WELL-BEING



Attention Deficit Hyperactivity Disorder

Asperger's Syndrome

Autism Spectrum Disorder

Conduct Disorder

Depression

Eating Disorders

Fetal Alcohol Spectrum Disorder

Obsessive Compulsive Disorder

Oppositional Defiant Disorder

Reactive Attachment Disorder

Tourette Syndrome

TO LEARN MORE, PLEASE CONTACT:

Rainbow District School Board Gord Ewin Centre for Education 275 Loach's Road Sudbury, ON P3E 2P8 Phone: 705.523.3308 rainbowschools.ca

This series on mental health and well-being is a Rainbow District School Board Parent Involvement Committee project funded by the Ministry of Education Parent Engagement Office.



OBSESSIVE COMPULSIVE DISORDER



ABOUT OBSESSIVE COMPULSIVE DISORDER

Children with Obsessive Compulsive Disorder (OCD) have obsessive thoughts and impulses that are recurrent, persistent, intrusive and senseless. They may, for instance, worry about contamination from germs, or perform repetitive behaviours in a ritualistic manner, for instance, compulsive hand washing. An individual with OCD will often perform these rituals in an effort to neutralize the anxiety caused by their obsessive thoughts.

OCD has a neurobiological basis, meaning that it is a biological disease of the brain, just as diabetes is a biological disease of the pancreas. Occasionally, OCD is accompanied by other disorders such as Attention Deficit Hyperactivity Disorder, Eating Disorders, Anxiety Disorders or substance abuse. Coupled with another disorder, OCD is generally more difficult to diagnose and treat. Symptoms of OCD may coexist or be part of a spectrum of other brain disorders such as Tourette Syndrome or Autism.

Studies at the National Institute of Mental Health suggest that OCD, for some individuals, may be an autoimmune response triggered by antibodies produced to counter strep infection. This phenomenon is known as Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS).

OCD is not a result of bad parenting, poverty or other environmental factors. Students with OCD often experience high levels of anxiety and shame about their thoughts and behaviours. Their thoughts and behaviours are all consuming and interfere with everyday life.

Common compulsive behaviours are:

- Cleaning and washing
- Hoarding
- Touching
- Avoiding
- . .
- Clearing and washing •
- Seeking pressure

 Chaptering
 - Checking
 - Counting
 - Repeating
- OrderingArranging

Common obsessions are:

- Aggressions
- Religion
- Contamination
- Orderliness

Sex

Symmetry

Loss

Doubt

Children who show symptoms of Obsessive Compulsive Disorder should be referred for a mental health assessment. Behaviour therapy and pharmacological treatment have both proven successful.

INSTRUCTIONAL ACCOMMODATIONS AND CLASSROOM STRATEGIES

- Try to accommodate situations and behaviours where the student feels a loss of control and be attentive to changes in the student's behaviour.
- Educate the student's peers about Obsessive Compulsive Disorder.
- Try to redirect the student's behaviour.
 This method is 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 grade.
- Consider a Functional Behavioral Assessment.
- Try to understand the purpose or function of the student's behaviour. This will help you respond with effective interventions and strategies. A punitive approach or punishment may increase the student's sense of insecurity and distress and increase the undesired behaviour.
- Post the daily schedule in a highly visible place so that the student will know what to expect.
- Consider the use of technology. Many students that struggle with OCD will benefit from easy to access and appropriate technology. This could include applications that can engage student interest and increase motivation, for instance, computer-assisted instruction programs, CD-ROM demonstrations, as well as videotape presentations.



Resources:

Obsessive-Compulsive Foundation of America: www.ocfoundation.org SAMHSA'S National Mental Health Information Center -Center for Mental Health Services: www.mentalhealth.samhsa.gov Anxiety Disorders Association of America: www.adaa.org National Institute of Mental Health (NIMH): www.nimh.nih.gov