

# Obsessive Compulsive Disorder



**Obsessions are persistent thoughts, impulses or images that cause significant distress. Compulsions are repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that a person feels compelled to do to prevent or reduce distress. Obsessive compulsive disorder (OCD) is a psychiatric condition in which obsessions or compulsions are severe enough to be time consuming, cause marked distress or interfere with everyday functioning. Treatment for OCD ranges from therapy to self-help and medication. The onset of OCD usually occurs during adolescence or young adulthood. In young children other disorders, such as attention deficit/hyperactivity disorder, Autism and Tourette syndrome also can look like obsessive compulsive disorder.**

## Implications for Planning and Awareness

- Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to OCD. This could include finding out about:
  - the student's strengths, interests and areas of need
  - the student's specific symptoms
  - successful strategies used at home or in the community that could be used at school.
- If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.
- Learn as much as you can about how OCD may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.
- Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and services, such as counselling or behaviour therapy.
- Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Your awareness needs to begin with conversations with the student's parents.



### Implications for Instruction

- Keep in mind that persistent, repetitive thoughts may interfere with the student's ability to concentrate, which may affect many school activities, from following directions and completing assignments to paying attention in class.
- Encourage the student working with others (e.g., classroom teacher, parents, behaviour therapist) to develop strategies for managing OCD symptoms at school. Involving the student will lead to more successful strategies and greater problem-solving abilities.
- Provide extra time for transitions and for completing assignments. Starting school work and finishing work in the appropriate time frame may be difficult.
- Waive or extend time limits and make a quiet location available for test-taking, if needed.
- Do not assume a student's difficulties or frustrations in school are due entirely to OCD. If the student still has academic difficulty or is reluctant to attend school after OCD symptoms are treated, consider an assessment for other learning issues.

### Implications for Social and Emotional Well-being

- Provide a flexible and supportive classroom environment. This type of environment is essential for a student with OCD to achieve success in school.
- Work with parents and other school staff to identify difficult or stressful situations for the student. Collaboratively develop strategies and solutions to reduce the student's stress. Enlisting the student in this task will lead to more successful strategies and will foster the student's ability to solve problems.
- Engage the student and parents in planning for transitions between grade levels and different schools.
- Watch for signs of social isolation or withdrawal. Work with the student and possibly a mental health professional to deal with these concerns.
- Monitor the student's interactions with peers. Be aware that the student's unusual behaviours may be distressing to peers. Misunderstandings may lead to arguments and clashes between peers. Develop a class strategy to help peers respond appropriately to unusual behaviours.
- If the student insists on certain OCD rituals at school, work with him or her to identify less intrusive rituals (e.g., tapping one desk rather than tapping every desk).

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.



**As you consider the implications for this disability, think about the following questions:**

1. Do I need further conversations with the parents to better understand this student's strengths and needs?  Yes  No
2. Do I need targeted professional learning?  
If yes, what specific topics and strategies would I explore?  Yes  No
3. Is consultation with jurisdictional staff required?  
If yes, what issues and questions would we explore?  Yes  No
4. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?  
If yes, what issues and questions would we explore?  Yes  No
5. Is service to the student from an external provider required?  Yes  No  
If yes, what outcomes would be anticipated?

**Links for further information:**

OCD Education Station. <http://www.ocdeducationstation.org/>  
National Association of School Psychologists. "Obsessive Compulsive Disorder."  
[http://www.nasponline.org/resources/principals/nassp\\_obsessive.pdf](http://www.nasponline.org/resources/principals/nassp_obsessive.pdf)

**Please note:**

These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.

