

The Challenge of Obsessive-Compulsive Behaviour in the Inclusive Classroom Issues and Interventions

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ABSTRACT

Inclusivity is the defining attribute of special education in both Newfoundland & Labrador (NL) and in western education in the broader context. The Pathways Model (2007), which has evolved over the last few years and has come to define special needs education, presents a pervasive spirit of inclusivity. This paper focuses upon the education of children with Obsessive-Compulsive Disorder (OCD) within the current inclusive model.

Introduction

Increasingly, more children with exceptional needs are being accommodated in regular mainstream classes. In fact, it is only in instances where there are very "compelling reasons" (such as the safety of the child's peers, or the child's dignity being compromised) that programming does not align with an inclusionary model. With the thrust toward inclusion, more and more children with special needs are being educated within regular classroom settings. For the classroom teacher, with the help of categorical/non-categorical special educators, new challenges regularly appear. OCD is one such challenge.

Definition and Overview

Obsessive-Compulsive Disorder (OCD) is **not** caused by bad parenting, poverty, or other environmental factors. According to Summerfeldt and Antony (2002), OCD is an anxiety disorder that is associated with "*Obsessions*" and "*Compulsions*". OCD is defined by Kaufman and Landrum (2009) as "repetitive, persistent, intrusive impulses, images, or thoughts about something, not worries about real life problems" (p. 358).

Obsessions are the thoughts, images or impulses that repeatedly enter the mind, and feel out of the individual's control – they are the **mental** component of OCD. Obsessions are associated with troubling feelings that can take many forms such as anxiety and disgust. Common obsessions have a few broad themes:

- Contamination (e.g., fears of germs, dirtiness, chemicals, AIDS, cancer)
- Symmetry or exactness (e.g., of belongings, spoken or written words, the way one moves or completes actions)
- Doubting (e.g., whether appliances are turned off, doors are locked, written work is accurate, etc.)

- Aggressive impulses (e.g., thoughts of stabbing one's children, pushing loved ones into traffic, etc.)
- Accidental harm to others (e.g., fears of contaminating or poisoning a loved one, or of being responsible for a break in or a fire)
- Religion (e.g., sexual thoughts about a holy person, satanic thoughts, distressing thoughts regarding morality)
- Sexual (e.g., thoughts about personally upsetting sexual acts)
- Other miscellaneous obsessions having to do with themes such as lucky or unlucky colors or numbers, or with the need to know "trivial" details (e.g., house numbers, licence plates).

(Summerfeldt & Antony, 2002, from <http://www.anxietytreatment.ca/obsessive.html>)

According to Dornbush and Pruitt (1995), a small percentage of students – less than one percent – grapple on a daily basis with upsetting, repetitive thoughts that compel them to perform pointless behaviors to relieve their anxiety.

Compulsions are the result of the distressing feelings that characterize obsessions. They motivate people with OCD to engage in repetitive behaviors in a ritualistic manner, that may temporarily provide relief from their distress – they are the **behavioral** component of OCD. Those with OCD feel powerless to resist compulsions. King (as cited in Purcell, 1999) described the seriousness of compulsive behavior: "Children can sometimes act in near-delusional bizarre ways in their conviction of the potential of unrealistic dangers and the necessity of performing their rituals..." (p. 2). With severe compulsions, endless rituals dominate the day.

Like obsessions, compulsions can take many forms, which can include the following:

- Washing and Cleaning (e.g., excessive showering, hand washing, house cleaning)
- Checking (e.g., locks, appliances, paperwork, driving routes)
- Counting (e.g., preferences for even or odd numbers, tabulating figures)
- Repeating Actions or Thoughts (e.g., turning lights on and off, getting up and down in chairs, rereading, rewriting)
- Need to Ask or Confess (e.g., asking for reassurance)
- Hoarding (e.g., magazines, flyers, clothing, information)
- Ordering and Arranging (e.g., need for things to be straight, sequenced, or in a certain order)
- Repeating Words, Phrases, or Prayers to Oneself (e.g., repeating "safe" words or prayers)

(Summerfeldt & Antony, 2002, from <http://www.anxietytreatment.ca/obsessive.html>)

Educational Context

Obsessions and compulsions not only cause problems in daily life but can interfere with a person's ability to learn. It is important for educators to become familiar with the warning signs/symptoms/behaviors linked to OCD. Sample classroom compulsive symptoms include: spending time unproductively involved in repetitive actions (e.g., retracing the same word repeatedly); counting and recounting objects; arranging and rearranging objects on a desk; and taking frequent trips to the bathroom. Purcell (1999) states that "teachers could be on the lookout for [behaviors] including: perfectionistic tendencies in student's work, many erasures, constantly falling behind in work, slowness in doing work for a student of normal ability, and difficulty in taking notes because a student tries to write down everything" (p. 9). Students with OCD may display poor concentration; school avoidance; anxiety/depression; lack of concentration/distraction (performing silent compulsions, such as counting or repeating phrases); disruptive behaviors (repeating phrases, or counting out loud); and an inability to finish work/being routinely late. According to Thiede (2006):

The symptoms of OCD contribute to the five main areas of difficulty (inattention, anxiety, socialization, compulsive disorders, and problems with testing or assignments) in a number of ways: Obsessive thoughts may lead to distraction during lessons, compulsions may prevent students from participating in class activities or finishing assignments in a timely manner, compulsive tendencies may cause students to fail exams even when they know the required information, and both the obsessions and compulsions may impair the student's ability to interact with peers socially and academically (p.15).

There are some treatment plans in place for OCD. According to various research behavior therapy and pharmacological treatment have both been successfully utilized with this form of exceptionality. Behavioral therapy techniques may help the individual to quell the anxiety arising from obsessions and reduce, or sometimes eliminate, compulsive rituals. Personal counselling is also a useful strategy in many instances. As well, there are many classroom approaches and strategies which may be of value in the classroom context – the focus of this paper.

Strategies and Interventions

For these strategies to be of value, teachers must first be willing to make classroom adaptations and venture into alternate teaching strategies. It is important for teachers to be partnered with all individuals involved in the treatment – parents, physicians, and other educational professionals. According to Lucero (1999), it is important for teachers to "work with the students' parents...some parents may need to be educated about OCD – others will be very informed and welcome collaborative efforts from the school...ideally the parents and school personnel will work together to help the child" (from http://www.ehow.com/how_2199489_work-child-obsessivecompulsive-disorder-classroom.html). Collaboration with previous teachers is also of great importance.

As noted by Thiede (2006), classroom strategies and approaches currently focus upon five main areas of difficulty: **Inattention, Anxiety, Socialization, Compulsive Disorders, and Testing/Assignments.**

Inattention is a common challenge area for students with OCD as they struggle with much difficulty to pay attention while distracted by obsessive thoughts. Classroom adaptations can be put into place to help ease distractions, such as carefully selected seating arrangements – the child being away from distractions, yet teacher visible. The use of proximity (teacher standing close to the student’s desk) can serve as a reminder to stay on task. Students should be permitted to take frequent breaks if required. However, as noted by the OCD Learning Station (2009), “limit the number of trips a student makes to the bathroom, if this is an issue. You may want to determine the current number of times he or she goes to the bathroom to help set a reasonable limit” (from <http://www.personnel/academic-support-strategies/>).

It is important to engage students in topics of interest to keep them focused. There are many technology applications that can engage student interest and help increase motivation. If computers or other such applications are being utilized, it is important to make sure they are visible to the teacher, but not visible to the student’s peers. Students with OCD do not want their behaviors to be on display to the other students.

Anxiety is another common challenge area linked to OCD – given that OCD by definition is an anxiety disorder. Students with OCD have many worries and fears that build up to cause anxiety. People with OCD know their obsessions and compulsions are irrational and excessive, but they have little or no control over them. This is not the same as compulsive gambling or overeating. Although people with those problems also feel they cannot terminate their behavior, there is a degree of pleasure associated with the behavior. There is no inherent pleasure associated with OCD. As noted by Thiede (2006), people with OCD are fearful that their obsessive thoughts will somehow come true.

While to the observer these behaviors may seem "crazy," the person performing them is not. In fact, the person with OCD is aware of how his behaviors must appear and this may prompt a new fear, i.e., that others will think he or she is insane. This can lead to hiding symptoms. It is very important for teachers to communicate to their students that their unwanted thoughts are normal and thinking about distressing subjects does not mean that there is something wrong with them. According to Summerfeldt and Antony (2002) “about 90% of people have occasional intrusive thoughts and repetitive behaviors that are very similar to those that occur in OCD. The main difference is that people with OCD experience obsessions and engage in compulsions much more frequently than the average person, and are much more distressed by their symptoms” (from <http://www.anxietytreatment.ca/obsessive.html>). Thiede (2006) posits that anxiety generated by unwanted and "unacceptable" thoughts is so overwhelming that compulsive behavior loops are performed to relieve the tremendous stress despite their irrational nature.

Thiede states that "students with OCD may benefit from having alone time or time-outs where they can sit quietly by themselves in a quiet corner of the room or in the hallway to relax" (p. 27). A signal or cue between the teacher and student could also be arranged which may discreetly allow time-out. Teachers may also want to teach students relaxation techniques. As anxiety is

common among many individuals, these techniques may be beneficial to all students and be performed as a whole class activity.

Change in activities may also be difficult for students with OCD. It is very important for teachers to help avoid unexpected change, as this is one major cause of anxiety for students with OCD. Teachers should try to warn students in advance to prepare for any transitions such as recess and lunch breaks, as well as if substitute teachers will be teaching in any subject area.

Socialization may be a challenge for students with OCD. Students with OCD have been reported to have lower levels of social acceptance, self-esteem and social competence. They are often rejected by their peers. The MACMH (2009) points out that "students with OCD may feel isolated from their peers, in part because their compulsive behaviour leaves them little time to interact or socialize with their classmates – they may avoid school because they are worried that teachers or peers will notice their odd behaviors" (from www.macmh.org). Students with OCD may avoid peer relationships. Their reasons for avoidance vary from individual to individual; some experience aggressive obsessions leading to fears that they will harm friends. Others may be worried that their actions may offend their peers. Therefore, an important strategy is to educate the student's peers about OCD in order to set a positive tone for interactions.

Another strategy teachers could use to prompt the student to interact with peers is through the use of appropriate group work. According to Purcell (1999), "teachers might facilitate interactions between an OCD student and his peers by having group projects whereby the students achieve goals cooperatively, this would get the OCD student to interact with others who may be able to also keep him on task by not letting him get bogged down by constant revisions or rituals" (p. 10).

Compulsive behaviors is the next area of challenge to be considered. Compulsive behaviors are repetitive behaviors that occur in a ritualistic manner as a result of obsessions. Educators must become familiar with these behaviors, and to view them as associated warning signs. In addition, teachers must sensitize their entire class concerning the types of compulsive behaviors that may take place. It is vital that teachers realize that compulsive behavior is *not* a disciplinary problem and consequently discipline/punishment is unacceptable. When faced with compulsive behaviors, teachers should try to redirect the student's behaviors, and provide classroom accommodations. There should be encouragement to continue working despite compulsive symptoms.

The Tourette Syndrome Foundation of Canada (2001) suggests strategies that can be used when dealing with compulsions that affect reading as well as math. Some ideas presented for compulsions that affect reading are: provide books on tape, allow student to read aloud or into tape, chunk reading assignments and highlight important sections of longer reading for students to read. Also suggested is allowing someone else to read to the student; this may also be beneficial in creating peer relationships.

Packer (2004) recommends that:

For students with compulsive writing rituals, consider limiting handwritten work. Common compulsive writing rituals include having to dot i's in a particular way or

retrace particular letters ritualistically, having to count certain letters or words, having to completely blacken response circles on test forms, and erasing and rewriting work until it looks perfect.

(From http://www.tourettessyndrome.net/Files/tips_ocd.pdf)

Ideas presented for compulsions that affect math include: using grade-appropriate computer math tutorials, utilizing graph paper, and making a reduction in workload. The OCD Learning Station (2009) suggests "allowing the student to use a calculator to check math answers *one time* after he or she has completed the assignment or test by hand" (from <http://www.personnel/academic-support-strategies/>).

Testing and Assignments is the fifth area of challenge that relates to OCD and is worthy of discussion. This is very common among students with OCD as compulsive activities often take up so much time that students are left with incomplete assignments. As noted by Purcell (1999) "students may not be able to finish their work or may get far behind because they are erasing and redoing work" (p. 4). It is most important for teachers to be patient and work individually with the student.

Students with OCD may find that they struggle because of inefficient note-taking, time limits, test-taking, and assignment completion. *Understanding Tourette Syndrome: A handbook for educators* (2001) makes note of strategies that can be used when dealing with compulsions that effect note-taking, essays or written tests. Some ideas presented for note-taking include: allowing the student choices (such as choosing printing or cursive writing; choosing whether to use a pen, pencil or colored pencil). Students might use a computer for typing (particularly if the difficulty is trying to write the words or letters perfectly) and may be permitted to use a tape recorder to record teachers' comments, or be provided copies of teachers' notes. At times, a peer scribe may also be useful.

Teachers may also want to provide tutoring, or other supporting methods, to help students learn effective note-taking skills. In this regard Purcell (1999) notes:

At the secondary level, note-taking can be a serious problem for an OCD student because they generally try to get everything down and end up missing large segments of information they should have gotten. There are several structured systems that can aid a student in learning to take better notes. SQ3R employs reading comprehension techniques and skills that aid in note-taking and summarizing (p. 19).

One strategy for students struggling with task completion would be to set alternate time limits. There are many useful strategies for composing essays and written tests. According to Purcell (1999), "grades can be a difficult issue for some OCD students who have trouble finishing assignments or doing work that [they feel] is not perfect. Teachers may find it easier to help these students by figuring out ways to evaluate their work without the use of grades or by demonstrating ways that making mistakes can be fruitful learning experiences" (p. 10). Depending on their grade level, and the severity of OCD, testing accommodations may be made include additional time and/or a testing environment free of distractions.

Testing and assignments should be more flexible. Highlight or identifying the important sections and emphasizing these to the student help to sort out the parts that may be most important for upcoming tests. It is important that teachers work very closely with each student to determine which accommodations work best, so that tailored alterations can be made to assignments and tests (i.e., breaking assignments into smaller units, reducing workload, providing frequent feedback, substituting multiple choice for short answer questions). OCD Learning Station (2009) suggests assigning “fewer questions on a test – allow the student to write the answers to every other question, or write very short answers. Alternatively, produce a multiple-choice test format so the student does not need to write long essay answers” (from <http://www.personnel/academic-support-strategies/>).

A valuable piece of advice concerning homework assignment is provided by the OCD Education Station: “Refrain from sending class work home that the student has been unable to complete in school due to OCD difficulties. This can create additional stress for the student who is already distressed by OCD symptoms.” Additionally, “work with parents to provide the student with two sets of materials and books – one for working in school and one for working at home. This alleviates stress over whether the student has the right materials to work within each location” (from <http://www.personnel/academic-support-strategies/>). The teacher should limit the amount of time spend on homework and accept whatever the child completes during that period. This serves to reduce stress.

Crow (2007) presents ten ways in which parents can assist the teacher in supporting their children with OCD in the classroom. Some have been previously mentioned but her suggestions help to reinforce the following:

- i. **The teacher should be educated specifically about your child’s disorder.** Parents should meet with the teacher prior to the beginning of the school year to talk about their child’s symptoms, and what strategies are being used at home. Do not assume that the teacher is familiar with the disorder. Provide reading materials if necessary.
- ii. **There should be some leniency with respect to time limits.** The push for students to “hurry up” in order to finish on time can trigger anxiety. The teacher should recognize that anxiety may silently cause distractions that interfere with work. Also, some children have intense compulsions to fill in circles with pencil, erase repeatedly to get letters “perfect”, etc. The child could be allowed to take incomplete work home, or be allowed to turn in incomplete work if a good effort was made.
- iii. **Perfectionism should not be praised.** The teacher should not say, “Wow, Jenny, those letters are written exactly on the line.” The teacher should instead praise effort and note that mistakes are “okay”.
- iv. **Quirks should be quietly tolerated.** As long as the child isn’t interfering with her peers’ safety or ability to concentrate, rituals that cannot be controlled should be allowed, without drawing undue attention to them. Whenever possible, they should be ignored.

- v. **Ward off teasing and bullying.** Unkind behavior from classmates makes anxiety worse. The teacher could select several very responsible, popular students in the class, pull them quietly aside, educate them about their peer's condition, and ask them to ward off teasing and be supportive. Other children will tend to follow their lead.
- vi. **Look for triggers.** If the child has repeated episodes of anxiety or rituals, the times and circumstances should be noted. What is setting them off? Could certain stimuli or events be eliminated or altered so that the child won't become so anxious?
- vii. **Have an "escape route".** If the child becomes overwhelmed, a pre-arrangement could be made for the child to quietly leave the classroom and go to a safe location, or even sit in a chair in the hallway until his or her nerves have calmed down.
- viii. **One of the classroom mottos should be, "Everybody makes mistakes".** School should be a safe place where kids don't feel threatened or intimidated by the need to be academically perfect. Competitions involving scores on tests or homework should be avoided.
- ix. **Keep tabs on meds.** The school administration should understand what medications are being dispensed to the child, and the dosage. Any signs of bizarre behavior or symptoms which could be related to medication should be brought to the attention of parents immediately. Dosage changes should be reported to the school and teacher as soon as possible, so they can make observations and be in close contact with parents if anything goes wrong.
- x. **Have frequent follow-ups.** Rather than assume that "no news is good news", check in with the teacher, once a week if possible. Ask whether there are any new concerns. Look carefully at your child's homework and pay attention to his or her general attitude about school. Serious problems should warrant working with your child [through a professional] to explore new behavioral or medical strategies.
(Abridged from Crow, 2007, from <http://special-needs.families.com/blog/ten-ways-to-help-your-child-with-ocd-or-anxiety-succeed-in-school>)

Summary

When approaching Obsessive-Compulsive Disorder, there are many classroom strategies which are of value in the inclusive classroom context. For teachers to make use of these strategies, they must first become familiar with OCD and the associated signs. Purcell (1999) advises that "School psychologists should provide in-service training to alert teachers about OCD. It is important that teachers understand OCD and behavior symptoms suggestive of it. If teachers cannot spot symptoms, a child may never be referred to the school psychologist for treatment possibilities and may struggle undiagnosed." (p. 9).

Once educated about OCD, teachers must educate the child's peers. Collaboration with all who are involved with the student is important – most essentially the parents. The teacher must work closely with the student to learn their strengths and needs. As astutely pointed out by the OCD Education Station Chicago (2009):

Very importantly, you [teacher] should speak directly with the student who has OCD about strategies that have helped him or her succeed academically. Sometimes, the student has devised a way or process to accommodate the difficulty he or she is having. Students, especially older students can be surprisingly inventive, and they may have developed an accommodation that can be implemented easily in the classroom.

(From <http://www.personnel/academic-support-strategies/>)

Students with OCD benefit from a well-structured classroom with a calm environment, clear expectations and smooth transitions. Teachers must create a welcoming and positive environment They should not be perceived as part of the learning problems. Accent the positive!

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