



Pupils with Mental Health Difficulties

Obsessive Compulsive Disorder



Obsessive Compulsive Disorder



Classroom-based tips (focus on instructional methods)

1. **Assign optimal seating for the pupil with Obsessive Compulsive Disorder (OCD).** For example, if your classroom is off a busy corridor, then you might not want to have pupils with OCD sit by the door; you might have them sit in the front, where they are less able to hear the noise and can stay more focused on their work instead. On the other hand, for pupils with obvious symptoms, and who may not want other classmates to see them fidgeting with their hands, rocking or getting up a lot, it is advisable to seat them closer to the door, toward the back of the room.
(ocdeducationstation.org)
2. **Have a well-structured classroom with clear expectations, smooth transitions and a calm environment.** This is helpful for most children, but particularly for the pupil with OCD. Offer a supportive environment where it is safe and acceptable to make mistakes, to express their emotions positively and to ask for help when needed.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
3. **Maintain an organised and tidy classroom to help those pupils with OCD who might suffer from an orderly and symmetry obsession.** Ensure that there is adequate storage for resources and items are kept stored and tidy until needed. Adopt a culture of tidying-as-you-go.
4. **Accommodate the late arrival of pupils with OCD.** Lateness can be caused by time consuming morning compulsions and routines. Be careful not to draw attention to this however, as it may result in embarrassment.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
5. **Frame classroom rules in a positive way.** Pupils with OCD often dwell on the negative and repeat expectations often. Ensuring that rules are phrased in a positive way can help reinforce a constructive and healthy mind-set. Offer a supportive environment where it is safe and acceptable to make mistakes, for pupils to express their emotions positively and to ask for help when needed.
(Rogers Memorial Hospital)
6. **Establish predictable classroom routines.** If there is a change, provide as much notice ahead of time as possible. Allow extra time for transitions between tasks; pupils with OCD frequently cannot begin a new task until completing the current task.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
7. **Establish a Safe Person (mentor) or Safe Place that the pupil can go to when feeling overwhelmed.** This safe place should be a private location away from peers or other staff. Make arrangements in advance that do not call undue attention to the pupil. Have a cue or signal that the pupil with OCD may use to alert you that they need to go to a predetermined “safe” place if the pupil develops increased anxiety or panic attacks. This will allow the pupil

the space that needed, and avoids any potentially embarrassing episodes in front of other classmates.

(Adams, G., 2004)

8. **Reassure the pupil on their efforts to avoid feelings of self-doubt and self-criticism.** Pupils with OCD need a classroom environment where they feel welcomed, safe, accepted, and understood.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
9. **Give instructions and assignments in manageable, easy-to-follow steps.** Children with OCD often become overwhelmed when confronted with large bodies of work. Depending on each pupil's individualised needs, breaking this work into smaller manageable packages will help the pupil remain focused.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
10. **Extend time for tests and assignments as the pupil may need to write then rewrite pieces of work to find the 'perfect' way to say something.** The types of tests given should also be considered. Depending on each pupil's individualised needs, difficulties and abilities open-ended questions may be a source of stress. Short answer questions or multiple choice may be more suitable.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
11. **Give the pupil the option of typing their work if possible.** If writing and rewriting/erasing is really problematic, consider allowing the use of a laptop for taking notes, and having assignments be typed instead of handwritten.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
12. **Accommodate Children with OCD who may have difficulty reading.** They may have a compulsion to go back and reread sentences or whole paragraphs over and over to make sure they have read them correctly. Reading becomes a very laborious task, and reading in front of the class can become very stressful. Accommodations may include assigning shorter reading assignments, highlighting the most important sections to read, or having someone else read the text to her/him.
(Adams, G., 2004)
13. **Be aware of events or scenarios that may trigger OCD symptoms of the pupil.** It is very important for teachers to know what kind of things might trigger the symptoms. Fatigue and medication can have a big impact on the pupil. Liaising with parents for this information is important. Keeping a log of changes in behaviour that can be shared with parents and other stakeholders.
(Adams, G., 2004)
14. **Together with the cooperation of your school psychologist or Student Support Team, educate class peers on OCD to help them have a greater understanding of the condition and encourage them to be supportive.**
(Chaturvedi, A., Murdick, N., Gartin, B., 2014) (Adams, G., 2004)



School-based practical tips (focus on instructional methods)

Announcement / Sign at School

1. **Give as much prior notice as possible for exams, trips or unusual events and activities.** Advance notice should be given for any changes to usual routine.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
2. **Include mental health awareness and education campaigns as a regular feature of school life, utilising national campaigns and the expertise of outside agencies.** Educate peers and staff on mental health issues to help destigmatise and encourage understanding of the condition, while facilitating the needs of the child to be met.

Community

1. **Include mental health awareness and education campaigns as a regular feature of school life, utilising national campaigns and the expertise of outside agencies.** Educate peers and staff on mental health issues to help destigmatise and encourage understanding of the condition, while facilitating the needs of the child to be met.
2. **Establish a Student Support Team to aid in ensuring that pupils with support needs are able to continue to access a full education, and to assist staff to manage those pupils effectively.** Student Support Teams are responsible for ensuring that systems, policies and procedures to help the pupil with support needs are in place. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)

Curricular Adaptations

Exam time can be an immensely stressful time for pupils suffering from OCD. Ensure that as much prior notification is given to pupils regarding exams. Depending on the needs of the pupil, a private exam room may be required for written or practical exams.
(Adams, G., 2004)

Discipline

1. **Develop an Individual Student Behaviour Management Strategy to be agreed with all relevant school stakeholders.** This strategy should inform actions to be taken and supports to be provided for the pupils specific to their needs. Ensure the strategy is reviewed regularly to adapt to the needs and challenges of the OCD pupils.
2. **Establish a Student Support Team to aid in ensuring that pupils with support needs are able to continue to access a full education, and to assist staff to manage those pupils**

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Educational Visits / Field Trips / Camps / School Exchanges / Trips Abroad

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Parents / Parents' Associations

1. **Establish effective communication with parents/guardians.** It is critical to work closely with the pupil's family to understand the symptoms and course of the illness. Teachers and school personnel also need to know about changes in the child's home life or medication in order to work around them constructively at school.
(Adams, G., 2004) (Paige, L., 2007)
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Safety

1. **Establish a Safe Person and Safe Place in the school for times when the pupil feels overwhelmed.** Ideally this person should be a school counsellor or another suitably qualified person. The location should be adequately private to be away from the unnecessary attention of other staff and pupils.
Develop Policies and Procedures for the use of this space and inform all relevant stakeholders.

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4. **Make Child Protection Policies and Procedures available to all Teachers and staff and ensure they are followed at all times.**
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Scheduling Events

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School Celebrations / Events / Activities

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School Projects

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Pupil Support

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(Chaturvedi, A., Murdick, N., Gartin, B., 2014)

Teacher Professional Development

1. **Train your teachers in ways of coping with the challenges presented by pupils with mental health issues and in ways of engaging with these pupils in a positive, constructive manner.** Training should include nonviolent crisis prevention, focusing on verbal de-escalation techniques, to avoid crises and special educational needs. Consult school psychologist or Student Support Team for their input.
(McIntosh, D. and Trotter, J., 2006)
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Timetabling

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(Chaturvedi, A., Murdick, N., Gartin, B., 2014)
3. **Make appropriate changes to the school timetable to ensure smooth transition between activities and subjects.** These are the times that may be most stressful to the pupil. For example, allowing pupils with OCD to leave for their next class a few minutes early to avoid busy school corridors could work to avoid unnecessary stress.
(Chaturvedi, A., Murdick, N., Gartin, B., 2014)

Supportive Literature

Obsessive Compulsive Disorder (OCD) is a mental health disorder that affects people of all ages and walks of life, and occurs when a person gets caught in a cycle of obsessions and compulsions. Obsessions are unwanted, intrusive thoughts, images or urges that trigger intensely distressing feelings. Compulsions are behaviors an individual engages in to attempt to get rid of the obsessions and/or decrease his or her distress. [Reference: International OCD Foundation]

Obsessive Thoughts

The sufferer of this anxiety disorder may have unwanted and repeated thoughts, feelings, ideas and sensations, which are known as the obsessions.

Some common obsessions that affect people with OCD include:

- fear of deliberately harming themselves or others
- fear of harming themselves or others by mistake or accident
- fear of contamination by disease, infection or an unpleasant substance
- a need for symmetry or orderliness

Compulsive Behaviour

Compulsions arise as a way of trying to reduce or prevent the harm of the obsessive thought. However, this behaviour is either excessive or not realistically connected at all. Most people with OCD realise that such compulsive behaviour is irrational and makes no logical sense, but they cannot stop acting on their compulsion.

Some common types of compulsive behaviour that affect people with OCD include:

- cleaning and hand washing
- constant checking
- counting
- ordering and arranging
- hoarding
- asking for reassurance
- repeating words silently
- avoiding places and situations that could trigger obsessive thoughts

Symptoms of Childhood and Adolescent OCD

Symptoms of childhood-onset OCD vary widely from child to child. Some common compulsions experienced by children and adolescents with OCD include:

- Compulsive washing, bathing, or showering
- Ritualised behaviors in which the child needs to touch body parts or perform bodily movements in a specific order or symmetrical fashion
- Specific, repeated bedtime rituals that interfere with normal sleep
- Compulsive repeating of certain words or prayers to ensure that bad things don't occur
- Compulsive reassurance-seeking from parents or teachers about not having caused harm
- Avoidance of situations in which they think "something bad" might occur

Some examples of how OCD symptoms may affect a child in the classroom include:

- Seeking reassurance from the teacher due to self-doubt and self-criticism of his or her efforts.
- Appearing inattentive because s/he is focused on an obsessive thought.
- Seeming agitated because s/he wants to perform a compulsive behavior, but also wants to comply with classroom rules to stay seated.
- Does not finish homework because s/he needs to cross-out, rewrite, or check and re-check work.
- Has trouble arriving on time because s/he needs to get ready for school in a certain way to avoid harm.
- Asks to leave the classroom to avoid certain activities, places, objects or persons.

[Reference: <http://ocdla.com/> and rogershospital.org]

Websites and EU Reports

ReachOut.com is an online youth mental health service.

<http://ie.reachout.com/inform-yourself/anxiety-panic-and-shyness/obsessive-compulsive-disorder/>

The Child Mind Institute advice for teachers of children with OCD

<http://childmind.org/article/how-teachers-can-help-kids-with-ocd/>

National Health Service of the UK

<http://www.nhs.uk/Conditions/Obsessive-compulsive-disorder>

The Health Service Executive of Ireland

<http://www.hse.ie/eng/health/az/O/Obsessive-compulsive-disorder>

US National Institute of Mental Health information on OCD

<https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>

References

Roger's Memorial Hospital, Managing OCD Symptoms in School: Strategies for Parents and Educators

Paige, L., (2007). Obsessive-Compulsive Disorder, Principal Leadership (High School Ed.) 8(1), 12-15

Adams, G., (2004). Identifying, Assessing, and Treating Obsessive Compulsive Disorder in School-Aged Children: The Role of School Personnel, Teaching Exceptional Children, 37(2), 46-53.

Chaturvedi, A., Murdick, N., Gartin, B., (2014). Obsessive Compulsive Disorder: What An Educator Needs To Know, Physical Disabilities: Education and Related Services, 33(2), 71-83.