A Teachers Guide to OCD

Recognizing the signs of obsessive-compulsive disorder (OCD) in the classroom can be challenging, since children with OCD are often secretive about their worries, and the rituals they need to perform to control them. This guide explains what OCD is, how it might affect behavior of a child in school and what teachers can to help kids with OCD function as well as possible.

What Is OCD?

Children who have obsessive-compulsive disorder (OCD) are plagued with unwanted thoughts, images or impulses that are difficult to suppress, causing them great stress and worry. These are called obsessions. To alleviate the anxiety caused by their obsessive thoughts, they perform repetitive, ritualized actions called compulsions. A child with OCD might need to line things up, touch things in a certain order when leaving the room or wash his hands repeatedly.

These compulsions, which can be behaviors or mental acts like counting, are not connected in a realistic way with the threats they are designed to neutralize or prevent. But a child with OCD feels an overwhelming need to do them exactly the right way. If he is interrupted, he has to do it all over again, which can make rituals very time-consuming.

Obsessions Common in Kids With OCD

— **Contamination**: Kids with this obsession are sometimes called “germaphobes.” In schools, this plays out with kids worrying about other kids sneezing and coughing, touching things that might be dirty or getting sick in many different ways. This is the most common obsession seen in children.

— **Magical thinking**: This is a kind of superstition, like “step on a crack, break your mother’s back,” taken to extremes. For example, kids might worry that their thoughts can cause someone to get hurt, or get sick. A child might think, “Unless my things are lined up in a certain way, mom will get in a car accident.”

— **Catastrophizing**: Some kids easily jump to the conclusion that something terrible has happened. For example, if her parents are five minutes late picking her up, a girl who is catastrophizing might tell herself that they’ve decided to abandon her.

— **Scrupulosity**: This is when kids have obsessive worries about offending God or being blasphemous in some way.

— **What ifs**: Kids may be plagued by a lot of different kinds of thoughts about bad things they could do. “What if I hurt someone? What if I stab someone? What if I kill someone?”
— The “just right feeling”: When OCD first develops, from about 6 to 9 years of age, kids may not know why they are doing something, but just that they need to do it until they get what we call the “just right feeling.” So: “I’ll line these things up until it just kind of feels right, and then I’ll stop.” And then over time — in the 9- to 12-year-old range — it evolves into magical thinking and becomes more superstitious in nature.

**Behaviors You Might See in Students With OCD**

It can be easy for a teacher to misread the symptoms of OCD as oppositional behavior on the child’s part, or as ADHD. But there are signs that show a child is struggling with OCD, even if he is hiding his anxiety.

— **Frequent requests to go to the bathroom**: This could be to wash hands, if someone near the child was coughing or sneezing, or if she touched something that she perceives as contaminated. She could be washing items — pens, pencils, backpacks, books. It could also be an excuse to get out of the classroom and just be away from everyone, and have some respite.

— **Constant reassurance-seeking**: This takes the form of repetitive questions. “Are you sure that’s the answer? Could you tell me again? Did you hear what I said?” Checking doors, windows, lockers, desks. Over and over and over again.

— **Getting stuck on tasks**: Sometimes kids with OCD will need to finish something to completion, or understand it to completion, before they’re able to move on. So if a child is working out what he did wrong on a math test, and the teacher says, “Now let’s open the textbook and start a new chapter,” he’s not going to be able to shift gears.

— **Retracing**: If a child leaves the classroom and worries that she left a pencil behind, she’ll go back into the classroom and go to her desk and check. If she had a bad thought as she went through the doorway, she might have to “fix it” by going back through the doorway again saying a good word. If she had a bad thought when she went down a flight of stairs on the way to class, she might need to go back up that same stairway at the end of the period, even if it means being late to her next class.

— **Obsessive erasing**: A child could be erasing a lot because the letters have to look perfect. Or he could have used a word that disturbs him. For example, if he has a fear of vomiting and he’s written the word vomit, he might not be able to stand seeing that word, so he erases it. Kids start having erasers worn down to the metal. Teachers start to see holes in the paper. Words will be drawn over on the back of the page. A lot of different areas of writing become problematic.
OCDBehaviors Often Confused With Another Disorder

Some behaviors associated with OCD are easy to confuse with ADHD, learning problems or being oppositional.

— **Distraction**: If a child is busy thinking that if she doesn’t turn the pen cap and count to four the right way then her mom is going to get sick, she’s not going to be paying attention in class. And if her teacher calls on her to answer a question, her distraction might look like ADHD, but it isn’t.

— **Slowness on exams, papers and tasks**: Sometimes when kids take a long time, they’re struggling with the perfectionism of needing to do things the right way. This could look like learning problems, or inattention, but it isn’t.

— **Avoidance**: Teachers might see a child who doesn’t want to sit on the floor, or pick things up that touched the floor, or get his hands dirty in art class. He may avoid a lot of playground activities — kids with germ fears will view the playground the way some adults view the subway: it’s gross. Why touch anything there?

— **Tapping and touching symmetrically**: If a child sits down at her desk and she accidentally kicks the chair of the kid next to her with her right foot, she’s going to have to then kick it with her left foot. That might look like somebody who’s being oppositional, or somebody who’s got too much energy, but actually it’s OCD.

— **Complaints of anxiety and fatigue**: There’s one interesting theory that kids with OCD are smarter than other kids. And if you consider how much thinking they’re doing, they’re really using their brain more frequently than a lot of other kids are. But when that’s coupled with a lot of anxiety, you can have a lot of fatigue. So it’s common for kids with OCD to want to come home and take a nap after school.

How to Help Students With OCD

For children struggling with OCD, functioning in school can be complicated and very difficult. Here are some things you can do to help them, and the class as a whole, focus on learning:

— **Seating arrangement**: If the school has noisy hallways, you might not want to have a child with OCD sit by the door. You might have her sit in the front, where she’s less able to hear the noise and can stay more focused on her work. On the other hand, a child who has very observable symptoms, and doesn’t want other kids to see her fidgeting with her hands, rocking or getting up a lot, might be better off closer to the door, toward the back of the room.
— **Extended time for tests and papers:** If writing is a problem for a child who needs to find the perfect way to say something, he’s going to need more time to finish those essay questions or papers.

— **Laptops for writing:** If writing and rewriting/erasing is really problematic for a child, consider letting her use a laptop for taking notes, and having all assignments be typed instead of handwritten.

— **Private testing rooms:** Research is quite clear that kids with OCD do better, are less overwhelmed and are more in control of their thoughts and their reactions if they’re in a quiet place away from the other kids.

— **Skip reading out loud:** Kids who feel they need to read perfectly may have to go back and reread sentences or whole paragraphs over and over to make sure they’ve got them right. So reading becomes a very laborious task, and reading in front of the class can become a nightmare. So if we know doing this is a problem for children, we can spare them.

— **Books on tape:** If kids get so hung up reading that it takes forever, listening to the books can be a solution.

— **Break homework into chunks:** If looking at a whole page of math makes kids feel overwhelmed and anxious — think of the potential for mistakes! — the problems can be broken up over four pages. It helps kids stay focused on doing the problems instead of worrying.

### How to Minimize Behavioral Problems

— **Plan an escape route:** Try working out a communication system so that if the student feels symptoms coming on, she can signal to you and leave the classroom, or go to a protected place in the classroom, without interrupting the class. It can prevent an embarrassing and disruptive blowup of symptoms in the classroom, and the other kids picking on or bullying her about it.

— **Be aware of triggering events:** It’s very important for teachers to know what kind of things might trigger the symptoms. Fatigue is a huge piece of OCD, and it can be exacerbated by medication. So it’s important to know that if a child is drowsy in class, and maybe he’s putting his head down, it’s not because he’s being oppositional or disrespectful, but because he’s overwhelmed with fatigue.

— **Advance notice:** Irritability and frustration are two of the longer-lasting things that kids with OCD are feeling on a daily basis. Changes in schedule can be very disruptive for a child with OCD, so it can be helpful for teachers to give advance notice of things. Kids who know what to expect are less likely to be thrown by the change.
How to Involve Peers

Children with OCD are often teased and bullied because of their symptoms. Kids feel very uncomfortable about their rituals, knowing that they’re being watched. It can be helpful to educate the whole class about what’s going on, especially if a child is going to be in the same school for a number of years, and it can inspire a surprising amount of support from other children.

— **Peer understanding program:** A peer understanding program includes a presentation in the classroom that explains (with the child participating) what OCD is. The child might say, “Listen, I have OCD. It’s an anxiety disorder. It makes me think that my hands are dirty and I have to wash my hands a lot, so if you see me getting up and going to the sink to wash my hands, that’s why.” Psychologists can role-play with the teacher and child ahead of time, to anticipate questions his classmates might ask, and how to answer them.

— **A buddy system:** A buddy is like a peer coach who sits next to the child and prompts him to keep up with note taking and staying on task. It can be great for the buddy, to foster a sense of confidence and pride and to be able to help someone in need, and great for fostering friendship.

The Child Mind Institute is an independent nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to deliver the highest standards of care, advance the science of the developing brain, and empower parents, professionals and policymakers to support children when and where they need it most. Together with our supporters, we’re helping children reach their full potential in school and in life. We share all of our resources freely and do not accept any funding from the pharmaceutical industry. Learn more at [childmind.org](http://childmind.org).