

## Obsessive Compulsive Disorder at School and its Impact on Student's Academic Routine and Personal Life

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Obsessive-Compulsive Disorder (OCD) is characterized by the constant presence of preoccupations, repetitive behaviors (rituals) and recurrent and persistent thoughts that lead to great suffering and malaise in the child's life.

OCD in childhood appears gradually, reaching the age group of 6 to 11 years of age, and may be of environmental origin (through daily living with a relative who manifests the disorder) or due to inherent personality traits of the child (extremely perfectionist, anxious, or craving the constant approval of others).

In the school environment, OCD has a strong impact on learning (with declining academic performance, attention and concentration difficulties and, in more extreme cases can cause school dropout). In the daily conviviality of the child with colleagues, it is common for the child to disguise the symptoms of the disorder for fear of being ridiculed or deprecated by the group.

Parents and teachers may also be aware of dermatological problems in the child's hands (due to excessive hand washing), as well as the appearance of skin lesions or abrasions (by constantly scratching, rubbing, scratching or bruising the area).

There is also a range of behaviors (rituals) manifested by the youth or the child during the school routine that can be a warning sign for educators and professionals who also work in school:

- Excessive organization of personal belongings such as: notebooks, cabinets, binders, pencils, rubber and pens on the table, backpack position (always the same way)
- Exaggerated personal hygiene and self-care: constant trips to the bathroom,
- Frequent hand asepsis (which may result in pain, swelling, rash or bleeding in the hands)
- Presence of tears, marks or holes in the notebook due to the extreme use of the rubber on the paper
- Constant reading of the same word or sentence in order to get the impression that the person has fixed well into the memory
- Too much slowness in the same activity as a result of a perfectionist attitude
- Abundant (at the end of the lesson) checks of personal belongings on the table or under the desk, in an attempt to make sure that the student has not forgotten anything
- Refusal to touch the belongings of classmates such as notebooks, pencils, erasers, pens, or even feel bad when someone manipulates some of their belongings
- Present repetitive pattern behaviors, such as: walking without stepping on stripes, colored tiles, counting tiles or cars passing by on the street, intermittent repetition of numbers or syllables that come to the head
- Opening doors, cabinets, windows, drawers, and other compartments of the classroom without using the fingers (only with one side of the hands or in some cases using one side of the body);

- Stop eating, sleep, or socialize for weeks in order to memorize all the school matter for a future event (a test, for example) that has not yet happened (not being sure this will happen).

### Let's take a closer look in an real case of OCD at school

A 10-year-old girl in the fourth grade of elementary education, elected by her classmates to receive an award from a renowned Non-Governmental Organization for her excellent grades and behavior, was heavily charged by her parents for her academic performance throughout the school year.

She barely talked and smiled with her classmates for her introspective and reserved behavior, always concerned with class lessons, but mostly with the homework that was performed under the watchful eyes of her parents, especially in tasks involving mathematics.

Once, while she was studying mathematics with her mother, she showed great difficulty in understanding the development of some calculations in the homework, so her mother in a sudden crisis of anger threw a chair towards her (who managed to dodge in time, to not having the head hit by the object).

In another very stressful situation, the student's father forced her to change the handwriting, saying that the teacher would not see her handwriting on the paper and as a result, the teacher would give her a zero grade in school activities.

However, the worst situation occurred when the student (quite happy and satisfied) presented to her father the grade obtained in the math test. It was an eight-and-a-half grade which, according to her father (after seeing the test in hands), claimed that it could be a nine grade. This negative feedback made her feeling very distressed and desolate and despite all of this, she began to develop a lot of negative thoughts regarding her academic performance at school.

Automatic obsessive thoughts began to invade the mind of the student who could only think of one thing, over and over again: "the fifth grade is difficult, the fifth grade is difficult..."

She decided that she should spend the last two months of summer vacation studying all the math contents that she could, for the next grade. Due to sleep deprivation, her mood began to decline, culminating in successive depressive crises (accompanied by attitudes of extreme anger and suicidal ideation). Without appetite, thinking only of understanding the development of mathematical calculations and equations, the girl lost weight drastically.

Concerned about her daughter's situation, the girl's mother took her to talk to the teacher, who advised her mother to take the student to a psychologist. However, the girl only agreed to go to the psychologist if she could take her math notebook. It was two months of intense psychotherapeutic treatment, as well as visits to the pediatrician (who prescribed some vitamins) for the girl reach the right weight again.

With the beginning of the fifth grade the girl continued the therapy sessions and began to attend reinforcement classes in mathematics. These approaches have helped her a lot, contributing in the relief of obsessive thoughts and in the compulsive behaviors of studying.

### Final Considerations

The case described above demonstrated how environmental factors can arouse emotional triggers in the development of mental disorders such as OCD for example. It is important to note that children with parents who have had episodes of OCD are more likely to develop the disorder, than children who have no history of mental disorder in the family.

OCD is a mental disorder in which there is treatment. In the case of the teacher observe repetitive behaviors in an student, she need to talk with the parents or responsible of this student, recommending them to take the child to an specialized professional in order to treat the symptoms.

The treatment consists of psychotherapeutic intervention, through cognitive-behavioral therapy that aims to help the patient to modify learned behaviors (developed rituals and obsessive thoughts linked to OCD), so as to transform them into adjusted responses in their daily lives. In some cases, medication is necessary. In this way, child's family member must take the child to a psychiatrist in order that the doctor can prescribe the appropriate medication according to the clinical case of the patient.

### **Bibliography**

1. <https://childmind.org/guide/a-teachers-guide-to-ocd-in-the-classroom/obsessions-common-in-kids-with-ocd/>

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