

Obsessive Compulsive Disorder

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Obsessive Compulsive Disorder (OCD) is disorder that has been described since the 14th Century. Essentially OCD features recurrent obsessions or compulsions that are severe enough to be time consuming or cause distress or impairment. The obsessions or compulsion happen repeatedly and cause significant dysfunction thus limiting a person's ability to learn, work and make relationships.

The obsessions are intrusive and cause anxiety or distress if unable to follow through and the compulsion is the purposeful and repetitive behaviour that are performed in order to neutralize or prevent distress. Preventing distress can be undertaken by repetition of an act or avoidance.

OCD often starts in childhood with one in every hundred children diagnosed with OCD. The cause of OCD is unknown although on going research has identified that the brains of people with OCD work differently than those people without the disorder.

The disorder can be frightening for both the child and the adult mainly because the adult is unsure how to handle the situation. It is important that to be aware that some systems a child may display is in fact not OCD and caution needs to be in place for falsely diagnosing the situation.

Many rituals, avoidance behaviours, superstitious, nervous habits are part and parcel of child's normal development. It is when these rituals and such become time consuming, thereby preventing the ability to learn, work and grow, creating major stress and anxiety.

Effects on Developmental Areas

Social and Emotional

- May feel shame and embarrassment
- May struggle to make friends because their specific obsession e.g. view other children as dirty because of a hand washing obsession
- May withdraw or not attempt to make friends for fear of being found out
- May not play with friends outside as the bathroom is too far away

Motor and Physical Development

- May have developmental delay due to a reluctance to participate in physical games both gross motor and fine motor
- May display excessive habits of hair pulling and/or nail biting

Language and Communication Development

- May not understand or use appropriate forms of communication
- May have difficulty in making or expressing choices in a socially appropriate manner
- May over question to gain reassurance

Cognitive

- May have an excessive need to control the environment and behaviours of others
- May have fear of harming themselves
- May require instructions, directions etc. to be repeated 2 or 3 times to allay any concerns
- May have delays in skills of concentration, memory and ability to generalise

Obsessive Compulsive Disorder **Inclusion Strategies**

Each child diagnosed with **Obsessive Compulsive Disorder** will be different and individual. It is important to gain information from the parents as to what characteristics of **Obsessive Compulsive Disorder** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. With the help from parents, identifying rituals, triggers and obsessive behaviour can be of help; not to change but to have an awareness to prevent the increase of anxiety. It is also important to find out if the child is under any form of therapy and whether the child is on medication. Medication can have additional effects to working with the child as some of the therapy and medication can tire the child out. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes and skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social Development

- Explain what you are doing when you are doing it when presenting an activity, giving instructions or encouraging turn taking/sharing.
- Provide a quiet area with objects for child to explore independently.
- Let other children know what child is doing to reinforce the concept of him being part of the group. Do this with all children e.g. "Look Jack is doing a puzzle as well".
- Provide small group activities i.e. one or two children to assist with development of friendship.
- Develop consistent rules and limits which are applied to all children in care.
- Talk to all children about differences including health problems, disabilities. Talking generally will assist in not singling the child with OCD out and assist children to have a better understanding and acceptance.

Physical Development

- Keep things in the same place to lower anxiety and stress. If you change the environment walk and talk this through with the child.
- Provide finger plays to encourage the use of both hands in a controlled manner as well as developing fine motor skills.
- Identify the compulsion as an indication when things are becoming stressful for the child. This will enable the adult to assist the child to move away and settle again.

Language

- Utilise the use of large clear pictures to reinforce what you are saying.
- Para-phrase back what the child has said.
- Reduce the amount of instructions in one statement to allow time for the child to gain an understanding of what is been said e.g. "Hold the puppet up high" rather than "hold the puppet up high and wave it around so that all the children can see it." Once child understands to "hold the puppet up high" you can then add "Good, now all the children can see it".

Cognitive

- Gain information from parents about child's likes, interests and dislikes and incorporate these in your program.
- Allow the child time to complete tasks and practice skills at own pace.
- Provide consistent warning when preparing transition times.
- Reduce the outcome expectations of the child and focus on the process.

Reference

Kutscher Martin L. *"Kids in the Syndrome mix of ADHD, LD, Aspergers, Tourette, Bipolar and More"* Jessica Kingsley 2005

Fitzgibbons L. "Helping Your child with OCD" New Harbinger Publications Inc. 2003

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