

Exemplar 3: Obsessive-Compulsive Disorder Manual
Critical Incident Manuals
CSP 662: Counseling Interventions with Children and Adolescents
Standards Addressed: 23, 24, 29

Introduction:

Obsessive-compulsive disorder (OCD) has been popularized by media portrayals such as “*Monk*” or “*Hoarding: Buried Alive*”, but little about this condition is understood by the general public. Research shows that students afflicted by this disorder are frequently misidentified by teachers and school staff as being defiant or noncompliant (Leininger, Prater, Heath, 2010; Parsons, 2006; Wertlieb, 2008). For example, a student who refuses to participate in P.E. activities due to fear of contamination may be mistaken for expressing oppositional behaviors. Students may attempt to conceal OCD behaviors by isolating themselves as a result of fear from being discovered by peers. As a result, students with OCD without proper in-school support suffer in both the academic and personal/social realm. Though school counselors cannot provide diagnoses and treatment of OCD and other disorders, there are many ways we can support our students. This OCD manual was created in collaboration with graduate students in the School Psychology program. The manual details warning signs, in-class accommodations and other supports that schools can provide, and additional resources to share with school staff. Through this multi-prong approach, school staff can gain a better understanding of the disorder, its effects on students, and how we can support our students diagnosed with OCD.

Standard 23: Advocacy

- Curriculum often requires students to participate in a variety of activities. Students who are diagnosed with OCD may be unable to participate in certain activities due to fears and/or anxieties. School counselors need to be aware of these possible roadblocks and advocate for accommodations and alternate activities to provide an opportunity for these students acquire and demonstrate knowledge of the content. There are many accommodations that can be easily implemented at little to no cost to the school and do not require additional training. For example, a student with OCD can be given a worksheet to identify different organs in lieu of participating in a dissection activity. Having these tools can help us advocate on behalf of our students, specifically to those who may be hesitant to provide additional support as a result of lack of understanding.
- Through creating this manual, I learned that another way to advocate for students is to provide inclusion training in the classroom. Inclusion training, as opposed to providing a

lesson on topic of OCD, reduces the chance of students with OCD being publically identified. An added benefit of inclusion training is that students learn to appreciate individual differences and unique abilities in each other, not only students with diagnoses.

Standard 24: Learning, Achievement, & Instruction

- *A:A2.3 Use communications skills to know when and how to ask for help when needed.* Students will need to use their communication skills to request assistance from teachers and other school staff. In order for students to do so, we must provide an environment in which students feel comfortable to ask and practice appropriate communication skills. Regardless of whether there are any students with additional needs in the classroom, school counselors can work with teachers to foster a positive learning environment. For example, rather than accommodating a student's reassurance requests, teachers are encouraged to provide space and time for the student to determine why the anxiety and fear is unnecessary without insinuating that something is wrong with the student. Through this training and feedback process, students learn to distinguish moments when they can practice strategies to help themselves, from moments when they need additional assistance from others.
- From creating this manual, I learned that there are many little to no cost supports and alternatives that schools can provide without publicly identifying the student. One example is to allow students to write out the answers on a test in lieu of bubble forms to reduce time spent on filling in, erasing, and re-filling in the bubbles to make sure they are "perfect". A myriad of existing alternatives do not require additional training and can be discreetly implemented by teachers without disruption to classroom activities.

Standard 29: Prevention Education & Training

- Part of advocating for our students includes educating those around the student. In addition to inclusion training, school counselors can provide staff with in-service training, such as recognizing symptoms and warning signs of OCD (i.e. raw, red hands from repeated washing; consistent, repeated erasing and re-writing assignments, and; refusal to participate in specific activities). Recognizing symptoms and warning signs of OCD is of particular importance since students are quite adept in concealing them and are frequently mistaken as being defiant. Training staff to identify warning signs can ensure that our students receive timely and appropriate assessment and supports.

- *PS:A1.6 Distinguish between appropriate and inappropriate behavior.* Aside from educating those who work with students diagnosed with OCD, students will also need to learn strategies to manage anxieties and fears – the root cause of OCD behaviors. We can support our students by teaching them to recognize, assess, and manage these feelings and behaviors so they can be successful inside and outside of the school.

Conclusion:

Psychology was my undergraduate major and is a long-term interest for me. When I see media portrayals of psychological disorders, like OCD, I often wonder how these images effect the general public’s understanding of these disorders. On the one hand, I am glad that there is awareness and that the general public is becoming familiar with these disorders. On the other hand, I fear that certain portrayals either overdramatize the disorder or portray those who suffer as a curiosity, akin to the “freak shows” from bygone days. If I had more time on this project, I may have included a section that describes common myths regarding OCD and the truth to combat these myths. Though it is not within the scope of this project, I would also have liked to speak with practitioners in the field, such as school psychologists and therapists to find out more strategies on how to broach the subject with various stakeholders and any additional appropriate strategies to address a specific student’s needs.

As a new school counselor, I can help my students by utilizing my knowledge to dispel myths surrounding psychological and neurological disorders. Not only will I help faculty, staff, and parents understand these disorders, we can also dialogue and brainstorm ways to support students in different realms of their lives. Creating these manuals helped me realize that I will not know every detail about each disorder. However, I also learned that I have the skills to research and reach out to those who can assist my students, my colleagues, and me. The take home message for me is to utilize readily available resources and strategies, some of which are free or low-cost and require little to no training to implement so that there is less apprehension from staff members who will need to implement these accommodations.