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The Impact of Obsessive-Compulsive Disorder on Family, Social, and Academic Functioning

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Honors Thesis Abstract

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Abstract: This paper discusses the impact of obsessive-compulsive disorder on the family, social, and academic functioning. It also addresses what OCD really is, the possible causes, what the treatments are, manifestations of the symptoms, and its prevalence within our society. In addition, it discusses an interview done with the family of a child who has OCD. OCD is not a well-known disability, and this paper helps the reader to better identify OCD and its symptoms along with the numerous effects it has in many different areas.
The Impact of Obsessive-Compulsive Disorder on Family, Social, and Academic Functioning

Obsessive-compulsive disorder can have a multitude of effects on family, social, and academic functioning. These effects can have an impact in many more ways than most people realize. I will be addressing some of those effects as well as discussing about what OCD really is, the possible causes, what the treatments are, manifestations of the symptoms, and its prevalence within our society. I will also be including information about an interview I did with Paul and Debbie, the parents of a six-year-old boy, Zachary, who has OCD. OCD is much more common than it was once thought to be, yet very few people actually know of the disorder or the different ways to help people who have it.

Obsessive-compulsive disorder means very little to many people. Many are unsure of what obsessive-compulsive disorder is. Obsessive-compulsive disorder, otherwise known as OCD is an anxiety disorder that can continue throughout a person's entire lifetime. It consists mainly of two things: obsessions, and compulsions. "Obsessions are unwanted, intrusive ideas, images, impulses, or worries that run through a person's mind repeatedly. Compulsions are strong urges to do something to reduce anxiety or other discomfort from obsessions" (Johnston, 2002, p.1). An individual who has
oeD becomes caught up in repetitive thoughts and behaviors that are not easy to overcome. These behaviors often appear frequently and affect their everyday living as well as their thought processes. An example of OeD could be a fear of dirt and germs. A person with OeD may fear that dirt and germs are all over his or her hands and wash them constantly, or until they become raw or dry. Others may not understand why the person is compelled to wash his or her hands, and will not be able to follow the reasoning of the person affected by oeD. This can cause tension and friction within social settings as well as within personal relationships.

A person with OeD may exhibit mild to severe symptoms, with obsessions and compulsions occurring quite frequently or rarely. These symptoms can change daily and unexpectedly. One day a person may be obsessed with tying his or her shoes and the next day he or she may be obsessed with rolling up the sleeves repetitively. OeD is very unpredictable. Each day can be different for the person living with OeD. If these symptoms are left untreated, they can have a huge impact on a person’s ability to function in everyday life.

There are many signs that could indicate that a person has OeD. However, quite frequently the person with the disability hides these signs because he or she feels embarrassed. A few of these signs are excessive
hand washing, repeatedly checking windows and doors to see if they are locked, repeating actions of any type, doing things in sets, or constantly arranging or sorting items. These behaviors are called rituals. Rituals are done to reduce discomfort or anxiety in response to an obsession. However, relief from rituals often does not last for an extended period of time resulting in frequent repetition, which may become excessive (Greist, 2000,p.1). These tension-reducing behaviors can have a great impact on a person's life and take time away from activities, social situations, and academic situations.

Zachary showed some of these symptoms when he was first diagnosed with OCD. When he was in kindergarten, the teacher noticed that he was constantly tying his shoes and asking to go to the bathroom so he could wash his hands. She found this repetitive behavior to be out of the ordinary. so she took notes of this and told his parents about it. Paul and Debbie, Zachary's parents, then took Zachary to a therapist who went through a list of questions with them regarding OCD symptoms. She also asked them if he had any "rituals" or behaviors that occurred repetitively. After the interview, the therapist then referred them to a psychiatrist who later diagnosed Zachary with OeD.
Causes and Prevalence

Finding out that someone in your family has OCD leads one to wonder what causes OCD. There is no exact known cause of OCD; however, many studies lead one to believe it is due to an abnormal metabolism in specific areas of the brain. Considerable evidence shows that it is most likely an abnormality in the functioning of the neurotransmitter serotonin (Greist, 2000, p.7). It is also believed that OCD may be genetic. If a member of the family has OCD, it is more likely that the child may get it too.

Another question that may arise is the prevalence of OCD. At this time, the prevalence of OCD is unknown. OCD is, however, much more common than people once thought it was. The number of children with OCD under the age of 20 may be as high as 1 in 100. Because of the uncertainty of this disorder, along with attempts of children to hide the disorder, many children are not diagnosed at all or misdiagnosed (Johnston, 2002, p.9). This has contributed to the belief that OCD is not common, when in all reality, it is.

Treatments

There are many possible treatment options for people with OCD; however, there is no known way of curing this disease. Behavior therapy/cognitive therapy, positive discipline, support groups, and medications are some possible treatment options. Each of these treatments can have
different effects on the person, but with careful thought and evaluation, these treatments can prove to be very helpful.

Behavior/Cognitive therapy is one possible treatment. This treatment is a way of helping the child think, talk, and understand his or her feelings. "Behavior therapy is not something done to a patient; it is a structured set of techniques the patient learns to employ whenever anxiety, discomfort, or dysfunction arises because of obsessions or rituals" (Greist, 2000, p.20). This therapy needs to occur frequently so that the child learns how to understand and use the techniques. "Learning to master Oed requires experience and practice" (Johnston, 2002, p.26). With experience and practice, the child will learn to cope with his or her disability.

The behavior/cognitive therapy method is one of the treatment methods that was used with Zachary. Zachary has been going to behavior therapy two times a week for quite some time. His parents were asked if they feel that it has helped him, and they say that it has. They said when he goes to therapy, he learns different ways of coping with his actions. Zachary then tries to practice these coping methods when he experiences obsessive tendencies or compulsiveness at home or school.

Positive discipline is another method used to treat children with OCD. Positive discipline is when the child receives positive consequences instead of
negative ones. This has been proven to be more effective than negative consequences for exhibiting a behavior. This method is similar to that of a token economy. "Each positive action merits a star or other mark on a chart, or physical token such as poker chip or paper chip. When a certain number of stars, chips, or other tokens have been collected, a reward is earned" (Johnston, 2002, p.26). This method teaches a child to work hard on his or her behaviors to receive a desirable reward.

Support groups are a method that can help the entire family. Support groups can help the family cope with having a child with OCD. The family can also talk to counselors or other families who have had children with OCD. If the parents have any questions or concerns, they are given a number they can call to have someone contact them regarding any issues they may have.

Medications are another option for treating OCD. However, each person can have different reactions to medications. The treatment that may work for one person may not work for another. There are many different types of medications available for treating OCD including Prozac, Paxil, Zoloft, and Luvox.

Zachary is a good example of how children react differently to medications. The doctor prescribed him Zoloft. His parents were wondering if this medication was going to help him or cause him to become irritable and
have mood swings. Zachary was one of the children who had adverse reactions to it. His parents said it made him hyperactive, aggressive, and really mean towards everyone. They then decided to take him off the medication. Currently, he is not on any medication.

Impact of OCD on Academic Functioning

OCD can make a child's everyday life very difficult. Many children with OCD become preoccupied with rituals and have difficulty completing everyday tasks. "OCD disables children primarily when it consumes so much time that they are unable to complete the usual tasks of childhood" (Johnston, 2002, p.11). Children with OCD may complete tasks slower or just have difficulty completing tasks because their rituals interrupt them.

"Obsessive-compulsive disorder can have profound developmental and educational effects on young people" (Waltz, 2000, p.236). Children who have OCD may be on medications that can impact their school day and have issues involving their schoolwork. Also, quite frequently, these students are placed in the regular education setting with teachers and staff who are unfamiliar with OCD.

Children who have OCD may be subjected to teasing and bullying because of their disability. These children are known to have difficulty socializing. Teasing and bullying may cause them to shy away from
socializing even more. Many children will be ridiculed for doing a behavior over and over again. Sometimes the peers of children with OCD will look at them differently because of their condition/disability.

Children's school days can be easily affected by medications. All children respond to medications differently. Some medications may cause the child's symptoms to worsen, make the child irritable, make him or her depressed, or cause mood swings. Other medications may lessen the OCD symptoms. If a child is used to taking medication and forgets it one day, the school day could be very difficult. Also, if the child is just being introduced to a new medication, it may have adverse effects and cause the child to become quiet or depressed.

Children's schoolwork has a great impact on their education. Some students may take a long time to complete a task because thoughts or rituals may occur during the time given. Others may go slowly so they don't make mistakes. "Kids with perfectionism OCD may not be able to complete the work in the time given, or avoid it altogether because they can't do it just right. or they may be so spent from dealing with the school day that they have little energy left once they get home" (Chansky, 2000, p.320).

Many children with OCD exhibit off task behavior or have difficulty paying attention. Many of these children also need to be kept busy. "Many children with OCD keep themselves on the move all the time as a way to avoid
the OCD. If they keep themselves busy they won't be able to 'hear' the OCD as well and can get out from under its spell temporarily" (Chansky, 2000, p.26). This can be due to the fact that many children with OCD have symptoms that are similar to children with Attention Deficit/Hyperactivity Disorder (ADHD). “A subset of children may exhibit hyperactivity, inattentiveness, impulsivity, and dis-inhibition similar to symptoms of having attention deficit disorder (ADD), without actually having the disorder” (Chansky, 2000, p.26).

Zachary has also shown some of these symptoms. His parents said that he is often disruptive in class because he can't sit for a long time during circle time. He also may make noises during class time for no reason whatsoever. Zachary is a very smart child, but has difficulty staying on task, which is hurting him in school.

Another way that OCD affects academic functioning is that it draws the child away from time spent learning. Children with OCD get wrapped up in their rituals, which end up taking time away from their learning. Zachary is a perfect example of this. It will be time for gym class and the students will be forming a line. Zachary will be in line too, but he will constantly be untying and retying his shoes. This will cause him to be late to gym and to get in trouble with the gym teacher. Another example is circle time. During circle time,
Zachary will constantly get up to go to the bathroom to wash his hands. This is taking away from his learning time, and he is missing out on important information. He now has a plan with the teacher that allows him to go and wash his hands once each hour.

Impact of OCD on Family Functioning

OCD definitely has an impact on the family, but to what extent tends to vary from family to family. Daily rituals, managing behavior problems, strain on marriage, explaining to other family members what OCD is, and OCD-like symptoms in the parents are just some ways that OCD impairs the family. "Parents of children with OCD experience a wide range of intense emotions, including bewilderment, guilt, anger, shame, grief, and frustration" (Johnston 2002 p.10). Having a family member with OCD can be very stressful and may cause many difficulties throughout the family.

Daily rituals and routines are very common in children with OeD. Mornings and evenings can affect the child immensely. Children with OCD feel that their daily rituals must occur at exactly the same time each and everyday. If not, this could affect outcomes for the rest of the child's day (Johnston, 2002, p.9). Bedtime is a particularly difficult area. "Children with OeD may feel that they must finish all of their compulsive rituals before they can go to sleep. Some children stay up late into the night and are exhausted
the following day” (Johnston, 2002, p.9). Daily rituals are very common in children with OCD; however, these rituals can change unexpectedly from day to day.

When interviewing Zachary's parents, both said he has a routine that must be followed every night when he is about to go to bed. Zachary's mom said that his routine is very challenging because there is always something new. She never knows what to expect. She says he will go into a routine of shoe tying one day and then the next day he will constantly be rolling up his sleeves. The major challenge is if Zachary's routine gets upset, he gets upset. This is very stressful to deal with because the family has two younger children that take a lot of time. An example of Zachary's daily routine is when he goes to bed. Part of his routine consists of being tucked into bed then receiving a kiss in the middle of his forehead. If any part of his routine changes, then Zachary will not go to bed.

OCD is very difficult to explain to someone who knows nothing about it. It is also very difficult to explain to family members. Parents may have difficulty coping with the disability, which may make it even harder for other family members to understand. "Parents are not always understanding, and extended family members who don't know about or believe in the diagnosis may be even less so" (Waltz, 2000, p.12). If this occurs, the best solution is to educate the
family. "For these relatives seize the opportunity to educate them by sharing books, videos, and the OeD web site" (Waltz, 2000, p.12). Family members' ability to understand and cope with the disability frequently improves a great deal with education.

Zachary's family was asked how their relatives reacted to Zachary having OeD and if his two younger brothers, aged 3 and 5, knew that he has a disability. They said that their relatives really don't understand what OeD is. Addressing the question regarding Zachary's younger brothers knowing about his OeD, his parents said that they really don't understand it too well. They do, however, know that when he has his little fits, it is due to the fact that he has OeD.

Another way OeD affects family functioning is the difficulty parents have managing the child's behavior problems. "In many families it is difficult for parents to agree upon how to manage the child's behavior problems. Because of special stresses involved in raising a child with OeD, parents are often in sharp disagreement over issues of discipline" (Johnston, 2002, p.46.) Many times, one parent is more lenient with the child, while the other is much more firm. The child is frequently responsive to this and will side with the more compassionate parent (Johnston, 2002, p.46). This may result in anger and bitterness on one parent's part and cause a strain in the marriage.
When interviewed, Zachary's family said that managing Zachary's behavior was very stressful. Debbie said that if Zachary misbehaves at school, when his father arrives home, he doesn't get to play a video game with him. She said this has been a constant fight, because when her husband comes home, he likes to play video games to unwind. Zachary will often watch him, and then end up playing the video games, too. She feels that this is not right because it is sending the wrong message to Zachary. He will begin to believe that his behavior doesn't really matter, because eventually, he will get what he wants.

Having a child with OeD can also put a great strain on the marriage because each day can be confusing and unpredictable. During the interview Paul and Debbie, said it has been difficult. They both have their own ways of trying to manage Zachary's behavior and at times argue with each other on whose method of controlling his behavior is better.

Another situation that may impact family functioning is if one of the parents has OeD or OeD-like symptoms. "This situation occurs surprisingly often, although OeD may not be formally diagnosed in both parent and child" (Johnston, 2002, p.49). There are advantages and disadvantages to this type of situation and both can have positive and negative effects on the family. "A disadvantage that occurs when both parent and child have OeD is that their
obsessions and compulsions can interact in destructive ways" (Johnston, 2002, p.49). A possible advantage of a parent also having OCD is that he or she is more adept at understanding what the child is going through. Another advantage comes in regards to medication. If the parent has been on certain medications, it is easier to determine which medications will likely help the child and which to stay away from.

This is the case with Zachary. His father, Paul, is believed to have OCD, but he has not been formally diagnosed. Debbie says that she has noticed symptoms of OCD in her husband, but he denies that he has any such symptoms. This also impacts their family a great deal.

Impact of OCD on Social Functioning

OCD can have adverse affects on a child's social functioning. "Children with OeD may withdraw from activities because they don't have time to socialize because of their time consuming rituals; they may be embarrassed or feel awkward, because the OCD fear of contamination precludes getting close to others" (Chansky, 2000, p.27). Many students with OeD also have social phobias. This may require social skills training. "Usually delivered in a group setting, social skills instruction covers topics like how to have a conversation,
how to play well with others, etiquette and proper behavior, and sometimes, personal grooming issues" (Waltz, 2000, p.86.)

Children with OCD frequently need more supervision and guidance when it comes to social skills. "Careful planning and parental supervision such as setting up play dates and other social situations can help young children achieve greater social success" (Waltz, 2000, p.86). Children with OCD may need to be motivated to socialize. Their lack of social skills combined with their phobias cause them to feel insecure in their interactions with peers.

Conclusion

I have learned many new and interesting things by doing this research and interview. In doing this project, I acquired many ideas for working with children with OCD. In our classes for special education, we rarely talked about OCD. By doing this project, I was able to gain more information that will help me when I become a special education teacher. I also gained valuable information from the interview.

When I interviewed Zachary's parents, I could tell they were rather frustrated with the school system. Debbie, the child's mother, kept emphasizing that the school district and teacher have no idea what OCD is. Waltz (2000) also notes this difficulty: "Most school officials know next to nothing about OCD. They assume it's rare-an issue they'll never be faced
with” (p.96). Debbie’s major frustration point was that anytime Zachary did something wrong or exhibited his OCD at school, she would receive a phone call home. "I would look at the caller identification and answer the phone 'What did he do wrong this time?’ It was getting to be a habit that sometimes I would just avoid answering the phone.” Debbie then went on to tell me a story, which, from a future teacher's standpoint, I found rather upsetting. "Zachary came home from school one day and knew the teacher had called me to tell me he had a rough day." Debbie told me that Zachary came up to her and said, "Mommy, does the teacher ever call when I do something good?" When she told me this story, I was rather upset because children need to be reinforced for doing positive things, not negative things.

I feel that by having done this project, I may be able to offer the parents some advice on ideas for working with Zachary. I learned a great deal about OCD that I did not know before doing this project, and I am happy to have had the opportunity to find out more information.
Child's Name: Zachary
Parents Names: Paul and Debbie
Grade in school: First
Age of child: 7 years old
Type of disability: Obsessive Compulsive Disorder

1. When and how did you first learn that your child had OCD?

Zachary was diagnosed with OCD when he was 5 1/2. We went to a therapist because the kindergarten teacher called and told us that he was tying his shoes repeatedly and it was beginning to become a problem.

2. Can you explain the circumstances surrounding the diagnostic process that led to the actual diagnosis?

A psychiatrist saw him and both my husband and I were asked about what he does during his daily activities that we find abnormal. Then the therapist went through a list of questions regarding OCD symptoms and had us say if we saw those symptoms exhibited in Zachary. We explained that Zachary has a routine and that it needs to be done exactly the same each time. If his routine gets upset he gets upset. (Ex: kissing on the forehead and tucking him into bed when it's bedtime.)

3. Who made the diagnosis and how was it explained/presented to you?

The psychiatrist made the diagnosis. He told us that it is hereditary and that Zachary has many symptoms of the disease.

4. What advice would you give to professionals who need to explain to parents that their child has OCD?

They should recommend the book "Freeing your child from OCD" so the parents can become familiar with the disorder. I was easily able to understand that book, where many others were harder to comprehend. You should also get in touch with the OCD Foundation. They have counselors and you can ask them anything. Then they get back to you with the information. This has been really helpful.

5. What have been the positive aspects of having a child in the family with a OCD?

We are more understanding of children with disabilities.
6. What are the challenges and/or difficulties you have having a child with OeD?

Everyday life is a challenge because there is always something new with the disease, and it changes all the time. Zachary can have new problems every day. He goes into routines like shoe tying, then into rolling up his sleeves. It's always something different and you never know what to expect. It's very stressful for the family. It's hard to deal with explaining it to the school because they don't know much about it. The regular education teacher who has been teaching for 15 years had no idea what OeD was. It is hard to explain to anyone what OeD is.

7. How did other children in the family react to having a brother/sister with OeD?

They are real young (3 years and 5 years) so they don't understand it real well. They do understand though that when he has his little fits that it is a result of his OeD.

8. What impact has it had on them and the family in general (reactions of other relatives, friends, etc.)?

It is hard on the marriage. The relatives really don't understand it.

9. What types of supports have been most helpful to you as a parent (family, friends, neighbors, parent groups, support groups, school personnel)?

The psychologist that he is seeing now, and the OeD Foundation have been most helpful.

10. What type of school does your child attend (e.g., public, private, parochial)?

Zachary attends public school.

11. What was your purpose in placing your child at his/her particular school?

It's in the school district in which we reside.

12. What have been your experiences working with school personnel, particularfy with your child's teachers?

The regular education teacher has been understanding but she is having problems dealing with the situation. She wasn't trained in this area so she is kind of lost. The school psychologist and social worker were helpful because we all had a meeting and discussed how we were going to explain OeD to the teacher.
13. What have they done that has been most helpful?

Zachary has been in cognitive behavior therapy and it seems to be helping.

14. What have they done that has been least helpful or was even harmful?

They were unable to find a psychologist who specialized in this area.

15. Describe the type of educational setting and special education support services, if any, that your child is receiving and/or has received in the past.

Zachary has a 504 plan. He is in the regular education setting.


No, We have a 504 plan that is written up for Zachary.

17. Is your child involved in any type of "indusion" program or setting)? If so, please describe.

Zachary is in the regular education classroom.

18. How do you feel about the type of educational program, setting, services, etc., that your child is receiving through the school?

I wish they would educate the teacher a little bit more. I guess that is our job to do it. She really has no idea about how to work with a child with OeD. She calls us a lot when things happen in the class.

19. Do you feel it is effective and appropriate for your child? Explain.

No, I don't think it is. He disrupts the class some times, like he wont sit for a long time in the circle. Then the teacher calls us at home and asks us what she is supposed to do. He makes noises in class too for no reason and acts real silly. We aren't there at that time so she needs to learn how to cope with it.

20. What do you see as the pro's and con's of inclusion for your child, for other children in the classroom, for the teachers who work with your child, for any other school personnel involved?

I feel that he should be treated differently in certain circumstances. His writing is bad for example, but it is not worth wasting time on. They focus on too many
things. This just frustrates Zachary even more. The teacher says that Zachary's behavior is disruptive and affects his learning. (Zachary was on Zoloft but it made him hyperactive, aggressive, and real mean so we took him off of it.)

21. Since I am learning about students with disabilities and how to work effectively with them in the classroom, what advice or other information would you give me about working with children with special needs?

We would say be understanding and do a lot of research so that you understand what you are dealing with. At the beginning the teacher called us with every problem, but it got old fast. We think it would be helpful for a weekly evaluation to let us know what he is doing that he shouldn't be doing but she won't do it. We made a couple of suggestions when she called us but she never uses any of them.

22. What would you want me to do/not want me to do in terms of my interactions with you, if I were your child's teacher?

I would like a weekly report noting complicated. Just something real simple about what he is doing. We don't want to be called about every little thing he does. We also want to know when he does something good. Zachary knows that when the teacher calls that it is something bad. The one time he asked us, "does the teacher ever call and tell you when I do something good?" When teacher calls first thing we say is what did he do now. We think they should make little goals for him. I asked the teacher to do stickers or some type of reward but she wouldn't do it because then she would have to do it for everyone. If Zachary does something bad they should tell us so that when he goes home he doesn't get to play video games with Paul.
References


