HEALTHY CHILDREN LEARN BETTER

SCHOOL NURSES MAKE IT HAPPEN

UNDERSTANDING OBSESSIVE AND COMPULSIVE BEHAVIORS & THE SCHOOL NURSE'S ROLE

GOALS

1. To present an example and definition of Obsessive-Compulsive Disorder (OCD)
2. To state the definition of Obsessive-Compulsive Personality Disorder (OCPD)
3. To state the difference between Obsessive-Compulsive Disorder (OCD) and Obsessive-Compulsive Personality Disorder (OCPD)

KEYWORDS FOR APPLICATION

Mental Health
Obsessive-Compulsive Disorder (OCD)
Obsessive-Compulsive Personality Disorder (OCPD)
School Nurse
National Association of School Nurses (NASN)

AN EXAMPLE OF KEEPING LIFE IN ORDER: AN OBSESSIVE-COMPULSIVE DISORDER (OCD)

Suppose a school teacher recognizes a student's physical or mental health care needs, and a specific similar scenario exists.

At the end of the school day, a teacher sits at a desk and watches a student linger behind after every one of her classmates has left the classroom. The teacher watches without saying a word. She is a high school student. She carefully goes to each desk (of which there are many), brushes off each desk with her hand, and picks up each desk's pencil and cell phone box. She carefully inspects the contents of each desk box, turning pencils/pens in one direction, closing the boxes, and then replacing each desk box in the upper middle of each desk. She straightens all the swivel chairs at each desk on a second-round throughout the classroom. The chairs have to be facing straight ahead with no exception.

The teacher watches in silence. As the student leaves the classroom, the teacher asks her if everything is OK. The student responds, "Yes, my doctor says I have OCD, and going through this process after each class helps me say calm during the day." The teacher replies that she understands. The student leaves the room. With concern, the teacher has observed some abhorrent behaviors. What possible condition has the teacher observed?

The depicted student behavior seems to relate to the classical traits and characteristics of Obsessive-Compulsive Disorder (OCD).

The Traits and Characteristics of OCD are related to:

1. The diagnosis of Anxiety Disorder
2. A personal dislike for the symptoms
3. Obsessions and compulsions

> *Obsessions: The word means recurrent and persistent thoughts, impulses, or images that cause distressing emotions such as anxiety or disgust. They are often recognized as being a product of the mind, and the thoughts are excessive or unreasonable.*
>
> *Compulsions: The word means "irresistible." It Involves repetitive behaviors, such as urgent hand-washing, checking, or repetitive acts that help make disturbing thoughts disappear. It is evidenced by recurrent, persistent thoughts that cause distress. It is not a simple matter of habit but is against the person's preference. It is harmful and problematic. It can be the hallmark of numerous mood and behavior disorders, lending itself to possible mental health concerns. The range can be good to bad, benign to intense, and even potentially dangerous. The mind says to do something that the person may not want to do but must do it anyway. Attention Deficit Disorder (ADD), Attention-Deficit/Hyperactivity Disorder (ADHD), and Post Traumatic Stress Disorder (PTSD) are also characterized by compulsive behavior. A family history of these problems lends itself to a more likely diagnosis with compulsions as part of the diagnosed behavior.*

4. Motivated by a need to prevent catastrophes
5. Willingness to seek professional help
6. Spending time on compulsive rituals
7. Maladaptive symptoms (except for hygiene)
8. Emotions that are not necessarily suppressed
9. Insecure feelings regarding others

OCD onset of symptoms is usually noted in childhood—usually occurring before the age of 19. There seems to be an earlier onset in boys than girls. Some children having the symptoms will grow out of OCD. Statistics show that symptoms occur in 1% to 4% of childhood and adolescence. Occasionally, the onset has been known to occur after age 35.

TREATMENT OF OCD

The appearance and reappearance of symptoms can cause an episode of anxiety, depression, fear, embarrassment, shame, and isolation. The best treatment is addressing the problem by a mental health professional. The most common therapy for OCD is identifying symptoms, behavioral difficulties, and risk factors. Some therapies include speech, music, and physical therapy to reduce anxiety. However, mental health therapy is a form of management of symptoms—not a "cure."

COMPULSIVE-OBSESSIVE DISORDER (OCD) VERSUS COMPULSIVE-PERSONALITY DISORDER (OCPD)

Evidence suggests that the mental health disorders of OCD and OCPD are linked. However, that does not mean that a person with one disorder has the other. There is a wide variation in the conditions and severity of both disorders. Also, certain traits/characteristics define both disorders of OCD and OCPD.

Obsessive-Compulsive Personality Disorder (OCPD) is a disorder with *different* traits and characteristics compared to OCD. Note OCPD differences related to OCD (in parenthesis):

1. Diagnosis of personality disorder (not a diagnosis of anxiety disorder, as in OCD)
2. Takes personal pride in their personality symptoms (not personal dislike of the symptoms, as in OCD)
3. The entire personality is affected (not specific to obsessions and compulsions, as in OCD)
4. Is motivated by perfectionism, detail, and conscientiousness (not a specific need to prevent catastrophes, as in OCD)
5. Resists seeking professional help (is willing to seek professional help, as in OCD)
6. Spends time on work projects and planning (spends time on compulsive rituals—such as cleaning activities and checking, as in OCD).
7. Traits may be adaptive if used consciously (maladaptive symptoms, except for personal hygiene, as in OCD)
8. Emotions are controlled, and gratification is delayed (emotions not necessarily suppressed, as in OCD)
9. Is usually or may become domineering (often feels insecure regarding others, as in OCD)

Example of OCPD

Tim goes to work in the morning without concern for checking to make sure everything in the home is OK. He is not interested or anxious about safety concerns. He knows and is concerned about what is right and wrong—and it is "right" that he always be to work on time. Preferential treatment of office coworkers is a concern to Tim. He will seek to complain to someone about his felt injustices or choose to suppress his feelings and ignore the problem completely. His office work and projects are flawless. He makes sure that every piece of documentation is on time and perfect. He checks out at the same time every workday and carefully records his arrival and leaving work. Tim is proud of his work—especially his perfection and order in all things. Opening his desk drawer, you will find everything in order—folder carefully identified and in alphabetical order. He plans each day with care. Even though other office staff members respect Tim, he has difficulty delegating and has few friends. He easily takes charge of projects and takes command by telling others exactly what to do and what not to do to complete the project "correctly."

SUPPORTIVE ROLE OF THE SCHOOL NURSE

There is a necessary awareness of differences between normal behavioral development and completing rituals. Bringing a student's healthcare problem(s), abhorrent behavior(s)/rituals to the attention of a classroom teacher is one of the goals and purposes of school nurses.

Do all school teachers recognize the difference between a child's normal behavioral development and the disruption of a mental health problem? Do teachers know how to help students manage OCD? Do they recognize the student's time spent away from learning, family, and friends by completing rituals? Imagine a student's frustration trying to complete necessary tasks amid anxiety or repetitive behaviors at home and school. Otherwise, that time and energy could be spent learning, exploring, and interacting to understand better the world in which they will be expected to thrive.

It is quite a saddening experience to realize that many educational situations/classrooms do not have a person (school nurse) to assist in awareness of a student's healthcare needs and problems—especially mental health problems. In a similar situation, no nurse can help teachers understand what they are observing and how the entire educational team could consistently help students with a challenging mental health problem.

It would be helpful to have a school nurse included in the parent-teacher conference! A parent-teacher-school nurse conference supports physical and mental health *at school and home.*

No qualified school nurse currently exists in many school systems, and there is sometimes little knowledge of the requirements of the National Association of School Nurses (NASN) recommendations. Concern for the health of children is our hope for a better tomorrow!

This I know--- such is the love and concern by all caring nurses for the welfare of children!

REFERENCES

https://www.mayoclinic.org/disease-conditions/obsessive-compulsive

https://www.**nasn**.org

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