

## OCD Toolkit

### 1 Definition:

The word 'obsessive' gets used commonly. This can mean different things to different people. Obsessive compulsive disorder (OCD) is an anxiety disorder. In this condition, the person suffers from obsessions and compulsions that affect their everyday life, like going to school on time, finishing homework or being out with friends.

An **obsession** is an intrusive thought (e.g. thinking or having images of something awful is going to happen to a family member).

**Compulsions** are things you feel you need to do in response to the 'obsessions', even though you may not want to (e.g. reading a paragraph over and over again to stop the harm coming to the family member).

Individuals who have these problems often try to avoid any situation that might set off obsessive thoughts

When obsessions and compulsions take up a lot of your time, interfere with your life and cause you distress, it becomes obsessive-compulsive disorder (OCD).

Treatment will most likely be a combination of medication and psychological therapy

**Cognitive Behaviour Therapy (CBT)** starts with an assessment of the problem. This can include the young person and family keeping a diary of the obsessions and compulsions. The aim of the treatment is to teach young people about OCD and how to react to the problem, by tackling it a little bit at a time.

**Exposure and Response Prevention (ERP)** is when the therapist helps the young person to face the things that they fear and have been avoiding. They are encouraged to experience the anxiety that OCD creates. Often parents or other family members get very involved in the OCD rituals. This can involve parents working with the young person and therapist to find ways of helping their child to resist the rituals and stay with the anxiety and being able to say 'no', (e.g. they will not support the rituals).

**Behaviour experiment.** This involves testing out their beliefs, supported by a therapist.

**Medication** can be helpful in helping you to tolerate the anxiety.

## **2 Key Points:**

May have specific phobia or a high level of free-floating anxiety that is very incapacitating, leading to both the avoidance of stressful activities and a more general loss of confidence, self-esteem and social isolation.

May not sleep or be sleep-deprived.

May have a number of physical symptoms such as palpitations, sweating, muscle tension and pain, dizziness, indigestion, diarrhoea. These are just normal physiological symptoms of anxiety and not to be feared.

Avoidance of difficulty does not help. Plan for progressive graded exposure.

Success in accomplishing targets may be encouraging for the young person

If a pupil has achieved a target, stick to this rather than trying to push it further (unless they want to). Keep your word.

Need to balance the pressure to progress with some elements of control for the young person. Offer some choices.

Where possible, if the pupil is in psychological treatment, check with the therapist regarding the most effective approach. Therapy often involves challenging one aspect of their OCD (e.g one ritual) at a time. Any IHP will need to be adapted based on the therapy level the young person is at.

Some psychological approaches are quite counter-intuitive and reassuring the pupil is not always helpful, especially if in therapy they are being asked to sit with the anxiety and work through it. Whilst reassurance can be helpful in the short term, be aware that too much of it can fix the pupil in their anxious position/being dependent on others for solutions.

## **3 Information and Assessment to inform planning for the individual**

### **Home School:**

Relevant information regarding past attendance, achievement, behaviour and future targets. Any SEN needs in addition to OCD.

### **Clinicians:**

Type and likely length of treatment

Effects on attendance & learning, including any mobility, appearance, mood issues, from diagnosis & treatment

Care Plan/ general information about therapeutic approach and the language used

### **Updates from formal meetings when held eg TAF, CPA and any other professionals involved**

### **Other sources of information:**

Royal College Psychiatrists   Mind   Time to Change   Young Minds

#### **4 Impact of Condition on Learning**

Appear to be daydreaming but may mentally be carrying out rituals

Reluctance to engage and commit to a plan

Avoidance of activities that cause anxiety, including school or lesson attendance

Anxiety in touching objects

Tiredness

Irritability

Physical discomfort (see above key points)

Inability to concentrate

May be self-critical

Loss of interest and motivation

Feelings of isolation

Difficulty making decisions

Late to lessons due to getting stuck, so miss work

Struggle to concentrate due to intrusive thoughts

Unable to write due to obsessive thoughts

Disruptive in lessons, as a way of avoiding anxiety-inducing activities

## 5 Interventions

**Many of these are similar to those for other anxiety-based conditions, but the level of challenge may well have to change depending on the stage of therapy.**

Support strategies/Interventions	How this might be recorded in IHP
<p>The pupil is not fit to have contact with school or to learn. You have been asked by the health professionals involved to remove all pressure.</p> <p>Allocate individual worker to build relationship. Schedule regular meetings. Might begin at home, neutral location then into school. Work to be sent home and collected/feedback given by teachers.</p> <p>Try on uniform/pack school bag. Visit school out of hours for a walk round eg have meeting with individual worker at end of school day. Come in to collect and return work at the end of the school day.</p> <p>Ask the pupil/family to make a personal "Distraction Box" which includes things to use to self-soothe at difficult times (make a nice box, allow ipod, puzzles, mindful colouring, sensory or</p>	<p>The school will provide a choice of simple activities for home which will only be offered to the pupil if they request them. Parents will keep in touch with the school weekly to say whether or not other resources are needed. A meeting will be arranged once health professionals advise us that the pupil is ready to have more contact with school.</p> <p>X will be allocated (name) as an individual support worker who will meet with X weekly to begin with. Work at an appropriate level from subject teachers will be provided and completed work collected in this meeting and feedback given. The individual worker will communicate with the parents/carers regularly and involve them in planning.</p> <p>X will visit the school after the end of the school day and re-familiarise/de-sensitise herself to the school site by walking around it with the support of parent/member of school staff. X will meet with (individual worker) after school to collect work from teachers and return completed work and receive feedback. X will wear school uniform when on the school site.</p> <p>X will make herself a Distraction Box including activities to do if she is distressed.</p>

fiddle toys, handcream...etc). It's important for the pupil to take responsibility for choosing and supplying what it contains.

Develop a plan for what to do in case of "meltdown" or getting 'stuck', with family/clinicians

Begin to do work set by subject staff in learning base, building up amount of time gradually eg an hour a week, an hour a day, 2 hours a day. Think about getting to and from the learning base (or lessons at a later stage)

Meet form tutor or friends and build relationship.

Work on specific problems that inhibit progress - seek advice from clinicians if they seem intractable.

If X becomes distressed whilst in school she will be offered some time in (a safe place) and be escorted there. She will be encouraged to use her Distraction Box activities to self-soothe. X finds listening to music helpful so she is allowed to use her phone with headphones. X will return to class once calm. If X is unable to return to class after 30 minutes parents are to be called and X is to be taken home for the rest of the day (and to continue with the agreed timetable for the next day). If X gets 'stuck' in a ritual, their anxiety will be acknowledged but they will be encouraged to challenge themselves.

X will have work set by subject staff and be given support to work on it for 2 hours each day in the learning base. Subject staff will supply other work that can be done independently at home. X will be met at the school reception at an agreed time by a member of staff and walked over to the learning base. A member of staff will take her back to the school reception at the end of the session.

We will organise a meeting for X to meet her new form tutor and also encourage her to reconnect with her friends, initially by text.

We will seek clinical advice about... or X has been working on managing the change of lessons with her therapist. We will support the way of working the therapist has suggested (give details if possible)

Think about incentives and rewards - these could come from school or family

Identify a starting point for attending lessons with other students – best subject or teacher/a group with a friend - and gradually increase the time spent in lessons. May need support from individual worker to do this ( in the lesson/sitting with/sitting apart, just outside the classroom, to be found in an appointed place...)

As time in school increases and includes break or lunch make a plan for these unstructured times – often the most difficult for anxious pupils.

Review and agree next stage of plan at least weekly. Accept that this will be a slow process and that for some weeks (maybe most weeks) the plan will remain the same. Agree a flexible part-time timetable. Give time to talking about how new things are likely to happen/think about eventualities and make plans for them/counting down “In ten minutes we’re going to...” “ In two week’s time it’s going to be ...”

Subject teachers should be made aware of what is likely to make X anxious (any specific triggers) and should avoid singling her out in class. Develop a simple way for pupil to

X is to have a reward when she has managed to attend her individualised programme for a week. She has chosen to have a trip to the swimming pool with her cousin.

X will begin to start some lessons with other students. We will start with Art as this is her favourite subject and she has a supportive relationship with the teacher. We will add in other subjects in negotiation with X as she feels able to do more.

X will come to the learning support base at break and lunch time if she is in school at those times. She will be encouraged and supported to socialise with other students (Circle of Friends) in the learning base.

X’s timetable will be reviewed weekly and in negotiation with her. A flexible part-time timetable will be agreed with some time in school and some time working independently at home. We will work with X to make sure that she knows what to expect.

Subject staff should be aware that (x, y and z) are triggers for X. Subject teachers need to ensure that X is given direction

communicate level of anxiety with staff quickly.(e.g. 'I am an 8/10')

Give feedback that anxiety is normal and will reduce on its own without rituals. Encourage the pupil to monitor their level of anxiety/what makes it spike and what to do at these times, notice also when anxiety decreases and whether rituals were involved or did it decrease naturally.

It would be helpful for school staff to use a common language with the pupil, especially if they are having "talking" therapy by linking in with therapist e.g."scary thoughts/cognitions /skills/challenges".

when asked to work in groups as she will find it particularly difficult to join one. They should also not ask her to answer questions in front of the class and be aware that she will struggle with speaking in front of others. Staff will be aware that she has a time out plan (and how it works). Staff will give positive feedback when X has done well. X has written a list of things for staff that are helpful or not helpful to her in lessons (What I want my Teachers to Know). This will be communicated to staff.

X will carry traffic light cards to indicate to staff how she is feeling. (Green -all well, Amber – might need support, Red – needs to leave lesson and go to safe space)

Staff working closely with X will encourage her at appropriate times to monitor her levels of anxiety, to notice any strategies that have worked and to remind her to use any appropriate skills she is working on developing in her CAMHS sessions (e.g. knowing that it is OK to be anxious). X will be supported to work through anxious situations and given positive feedback by school staff when she has experienced some success. **Or** X finds it difficult to receive praise, so keep positive feedback low key so as not to overwhelm her.

Staff will try to use language that is accessible and familiar to X in school, drawing on the words and terms she is using in therapy.

Think about the effect of giving reassurance – too much of it can be counter-productive and encourages dependency. Be aware that if a pupil is in some form of talking therapy it may be that the approach is to encourage the pupil to sit with/tolerate the anxious feelings and manage them for themselves, at least initially.

When a pupil is very stuck and they need to move on, it may be that you *have* to reassure them. If this is the case, then tell the pupil that you are reassuring them but that this is colluding with the OCD and therefore is not ideal, but that you need to enable the pupil to function for that period of time.

X will be supported to attend lessons, but will not be reassured immediately if anxious about this. Instead, X will be asked to notice the feelings and to stay with the anxiety. Reassurance may be offered after 10 minutes if X is unable to do this. An opportunity to reflect on the experience will be offered afterwards.

## 6 Scripts

Useful scripts:

**These will very much depend on the stage of therapy, as this may define which thoughts/rituals are being challenged at any time.**

*“I can see that you are anxious in school and that it makes it difficult to do some of the things you want to do and also some of the things you have to do. Can you say a bit more about what’s hard for you? How can we make things better?”*

*(Getting agreement that things need to change/creating a shared aim/identifying the first step)*

*“The one thing we definitely know is that it won’t help to keep avoiding the problem because nothing will change”*

*“I can see you’re struggling, what skill could you use to help yourself right now?”*

*“What helped you get through this last time?”*

*“I know you’re worried about other pupils making fun of you, but that might not happen...we won’t know unless you try”*

*“Let’s make a plan and see how it goes – if it goes wrong, we’ll think about it together again”*

*“You need to challenge yourself, let’s try just the next step...”*

*“I can see that you’re struggling/this is too much for you right now...can you think of a better time to try it?”*

*“Let’s try 5 minutes, then we’ll go back to the learning base if it’s still too much, talk about it and try again tomorrow”.*

*“You’ve done the 5 minutes we agreed so we can leave now with that success (unless **you** want to stay longer)” But no pressure.  
“Remind me, what is your incentive for trying to manage a Maths lesson this week? Was it trip to the swimming pool?”  
“I can see this is too much for you today - let’s take some time out and think again. Sometimes we have to try lots of times before we succeed, so let’s try to keep going and come back to this another time”  
“It was really good that you managed to (do more) than last time. What made it different? What worked for you in reducing your anxiety? Let’s remember that so you can try it again”. How did you manage to stay with the anxiety and allow it to reduce by itself?  
“What do you think we should aim for next?”*

## **7 Progress**

### **Indicators of success/Identifying further development**

*What might achievement and progress look like?*

Able to attend most lessons and to learn.

Able to manage some social time with less support.

Continuing to work on remaining challenges. May still need to have some time in learning base or similar as part of their routine.

Continuing to link with individual worker. Meeting regularly, but gradually less frequently. Try to give more responsibility to pupil to initiate contact between meetings when more support is needed

Pupils will be able to use a range of strategies to reduce/manage their anxiety in most situations. Increasing independence.

When they feel overwhelmed, the pupil will use their safe space and be able to self-soothe or approach staff for extra support.

**N.B. Update the IHP - keep copies of previous versions or a rolling log so there is a record of the interventions you have put in place and their outcomes. Note the positives/achievements as well as on-going difficulties.**

**Accept that this will be a longer-term recovery and that there are likely to be periods of regression along the way and that this does not necessarily mean failure.**

**The Progress Grid below may help with assessment.**

Name

Colour	Date

Not able to come to school at all Needs to be with an adult at all times, to be accompanied on and off the school site	Needing an adjusted timetable (up to 25%) In learning base all the time Unable to work elsewhere	Needing an adjusted timetable (up to 50%) Mainly in learning base, but attending some classes Needs support for moving around the school	Managing almost a full timetable Up to 75% Mainly in lessons/small amounts of time in learning base Managing most transitions by self	Managing a full timetable Up to 100% In lessons Managing transitions independently
Not able to be present with any other students, needs to be in a separate space	Can be around other students in learning base, can see other students and be seen, but avoiding all interaction	Can be around other students in social time in a protected space.	Can attend lessons with extra support in or outside the classroom	Can attend lessons without extra support and manage social time
Unable to form social relationships with peers	Has some contact with one or more friends, in or out of school	Is forming connections with other peers in a protected setting	Able to work with others in the context of a lesson	Making friendships
Not ready for contact with school staff Able to acknowledge the presence of school staff through their body language	Can communicate with staff if directly spoken to	Forming good relationships with one or more members of staff eg mentor	Will engage with and respond to adults Able to work with a larger number of staff	Has formed positive relationships with most members of staff who teach them
Unable to show interest or motivation in learning  Unable to focus at all due to anxiety  Working on personalised/engagement activities	Can begin work with 1-1 support  Able to focus for about 15 minutes  Working on bespoke work/project approach	Can learn independently  Can focus for an hour at a time  Accessing selected parts of the curriculum, with some additional support	Can learn independently and also small groups  Can focus for 2-3 hours during the day  Accessing most of the curriculum, with less individual support	Can learn alongside others in a class setting  Can focus for most of a school day  Accessing the whole curriculum
Too anxious to attempt to come in to school  Unable to challenge anxiety  Has no skills and strategies to use	Very anxious but can access school with a lot of individual support  Understands that anxiety needs to be challenged  Can sometimes manage a challenge with intensive support from an adult	Still has very anxious times, but also times that are OK  Can make a plan to challenge anxiety and begin to execute it  Has learnt some skills and strategies that can help and can sometimes use them successfully with support	Managing most routine things in school though will still have occasional difficulties  Can identify skills and strategies that are helpful and can mostly use them with success	Can manage unpredictable or unusual events – visits, tests  Knows what to do to manage self in most situations



**Here are some scenarios and some ideas of how a teacher might help the pupil.**

Scenario	What may have happened	Normal response	Suitable response for pupil with OCD
Pupil arrives late to lesson	They got 'stuck' and couldn't get dressed and out of the door at home	Don't worry, come in and I'll come over and explain what we are doing'	Do not reassure them. 'Come and sit down' then let them work out what they have missed.
Pupil refuses to sit down, saying they are fine standing up to work	OCD thoughts have got them 'stuck'	Reassure them that it is OK to sit or stand	Tell them that you want them to sit, then positively engage them once they have done so.
Pupil is struggling to write things down	OCD thoughts tell them that they may cause harm by writing	Let them work with a partner who can then write for them, or provide a scribe.	Remind them to challenge themselves and do the writing themselves
On a p.c., they keep typing then deleting then retyping the same thing	OCD thoughts tell them that they may cause harm by leaving a permanent mark	Let them work with a partner who can then type for them	Remind them to challenge themselves and to move on to the next task without deleting
Pupil gets 'stuck' at the end of the lesson and won't leave the classroom	OCD thoughts have got them 'stuck'	Let a friend wait with them and keep encouraging them to leave, when they are ready	Tell everyone to leave as normal and tell student that they need to leave now.
Pupil runs between classrooms	They are responding to OCD thoughts	Tell them to slow down; if he doesn't, challenge the disobedience.	Tell them to slow down; if they doesn't, challenge the behaviour. 'I know you feel you have to go quickly, but challenge yourself to overcome the thought'
Pupil is disruptive in the lesson, chatting or distracting others	They are using avoidance, to not have to tackle obsessional thoughts	Tell them off!	Tell them off! In this case, treat them like any other pupil, with no concessions for the illness.
Pupil tries to take a discussion off at a tangent	They are using avoidance, to not have to tackle obsessional thoughts	If appropriate, allow the healthy wider discussion.	If appropriate, allow the healthy wider discussion, but be aware that this may be an avoidance technique and be prepared to 'reel them back in' at any point.