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ABSTRACT

Obsessive-compulsive adolescence behavior in the classroom environment can be disruptive, affecting the teacher and other students. Certain personality traits of the obsessive-compulsive are obvious, while other symptoms are frequently misdiagnosed. As school staff are often the first step in the primary diagnosis process, the purpose of this study is to document and compare knowledge and understanding of symptomology and traits between the School Administration and Counseling disciplines in the area of obsessive-compulsive behaviors. Data drawn from a Likert Scale questionnaire administered to students (N=25) in the School Administration and the Licensed Professional Counseling programs at Sam Houston State University offer a comparative analysis between knowledge and understanding of obsessive-compulsive behavior in these two fields of study. Questionnaires were given to assess the familiarity with, and recognition of the types of obsessive-compulsive behavior. Questions relating to underlying cause, prevalence between gender, age at onset, knowledge of testing instruments, and the most effective type of intervention were asked, in an attempt to discern any differences in knowledge between the fields. No significant difference was found. Appended are a letter to participants, the questionnaire, and nine tables presenting raw data and statistical results. (JBJ)

Abstract

Comparison of Knowledge of Obsessive-Compulsive Behavior Between Counseling Students and School Administration Students

by

Sandy Foster

Obsessive-compulsive adolescence behavior in the classroom environment can be disruptive, affecting the teacher and the other students. Certain personality traits of the obsessive-compulsive are obvious, while other symptoms are frequently mis-diagnosed.

School staff are often the first step in the primary diagnosis process, the purpose of this study is to document and compare knowledge and understanding of symptomoloy and traits between the two disciplines, of School Administration and Counseling, in the area of Obsessive-Compulsive behaviors. Data drawn from a Likert Scale questionnaire and administered to students in School Administration and the Licensed Professional Counseling programs at Sam Houston State University offers a comparative analysis between the knowledge and understanding of obsessive-compulsive behavior in these two fields of study.

Questionnaires were given to assess the familiarity with, and recognition of the types of obsessive-compulsive behavior. Questions relating to underlying cause, prevalence between gender, age at onset, knowledge of testing instruments, and the

most effective type of intervention were asked, in an attempt to discern any difference in knowledge between the two fields. No significant difference was found at the p=<.05 level.

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INTRODUCTION

General Introduction

Obsessive-Compulsive behavior can be disruptive in the classroom setting, and appears to be on the rise. Some people believe that being able to accurately recognize an individual with disruptive obsessive-compulsive traits is an important first step in the diagnosis and intervention process.

This study is a comparison of graduate counseling students and graduate school administrations students to test their knowledge and ability to identify and recognize individuals with Obsessive-Compulsive character and behavioral traits.

Issues such as knowledge, gained through college courses taken, first hand experience in recognizing and identifying Obsessive-Compulsive behaviors, and what they believe is the best intervention in dealing with this disorder.

Statement of the Problem

Disruptive behavior could have a negative affect on the cognitive, social and emotional well-being of not only the obsessive-compulsive individual, but other students in the class room. Early recognition and identification of students suffering from Obsessive-Compulsive behavior by the school staff, will lead to intervention and treatments necessary to control or eliminate these types of behavior. Obsessive-Compulsive behavior or traits must first be identified as the source of the problem.

Purpose of Study

The purpose of this study, between counseling students and school administration students, compares educational and training background, knowledge of symptoms, types of behaviors and overall understanding of obsessive-compulsive behaviors.

Significance of Study

If early recognition and intervention of Obsessive-Compulsive behavior is beneficial in overall treatment of this type of disorder, school staff need to be able to recognize certain traits and characteristics associated with this syndrom. If early recognition can lead early treatment of this malady, school staff need to be knowledgeable in the area of contributing factors in this condition.

Definition of Terms

1. Behavior Avoidance Tests (BATs). A testing instrument measuring phobic responses to live and/or innate objects.

2. Obsessive-Compulsive Disorder. A chronic and disabling syndrom of unknown etiology, displayed in overwhelming impulses to display various types of ritualized and repetitive actions.

3. Padua Inventory - Revised. A 60-item instrument assessment of the most important types of obsessive-compulsive complaints, intrusive thoughts and ruminations.

4. Yale Brown Obsessive Compulsive Scale (Y-BOCS). Clinician-rated symptom severity scale for testing obsessive-compulsive behavior.

Null-Hypothesis

No Significant difference was found in the training and perception of obsessive-compulsive behavior between counseling students and school administration students in recognition and intervention of students with Obsessive-Compulsive behavior traits.

Limitations and Delimitations

This study is limited to mixed counseling and school administration graduate research classes at Sam Houston State University in Southeast Texas, in the summer of 1995. Limitations involved not being able to administer the questionnaire to non-segregated classes in counseling and school administration.

Assumptions

1. It is assumed that students in this study are representative of future graduate students.
2. It is assumed that counseling students will be better informed, through course curriculum than school administration students, in the area of definitions, behaviors displayed, testing instruments available and interventions.
3. It is assumed that school administration students will have better first hand experience with individuals exhibiting obsessive-compulsive behavior.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

Definition of Obsessive-Compulsive Behaviors

The Obsessive-Compulsive Disorder is now recognized as a 'hidden epidemic', as discussed by Taylor (p. 261) in reviewing Jenikes' 1989 study, and is and one of the most common psychiatric disorders reported today. These disorders consist of a complex syndrome of behaviors characterized by unwanted, uncontrollable thoughts, impulses and urges.

Obsessive-compulsive symptoms are manifested in chronic ritualized behaviors to the point of interfering with an individuals life. According to DSM-III-IV, in Appendix A, obsessions are defined as 'recurrent thoughts, impulses, or images experienced as intrusive and inappropriate and causing marked anxiety or distress'. DSM-III-IV further defines Compulsions as 'repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rigid rules'.

Types of Obsessive-Compulsive Behaviors

Steketee (p. 614) describes any ritualized, repetitive displayed action as part of a cluster of symptoms indicating Obsessive-Compulsive Behavior. Some of these displayed behaviors are checking, washing, repetitive ordering of items, and excessive worry. Checking, washing and ordering/arranging items, were found to be the most common.

Checking is a ritual used to ward off catastrophes that might occur, including burglary, fire or social embarrassment. Washing, of hands or other personal items, is an attempt to remove contamination from germs or other sources. Individuals who order or arrange items, attempt to remove discomfort or relieve feelings of anxiety (Steketee, p. 614-615).

Potential Causes of Obsessive-Compulsive Behavior

In a review of studies done by Foa and Kozaks' (1986) data, Steketee (p. 615-617) attempts to show similarities in characteristics, even though etiology is of unknown origin. It appears that affective memory network impairments propel the Obsessive-Compulsive to overestimate the fear value of perceived threats. Because there are no guarantees that the displayed ritual will produce safety, they must be repeated frequently.

According to Steketee (p.619), familial background, and the role modeling of parents and significant other relatives, may be a factor which is indicated in a study published in the April 1994 issue of Personal Communication by Calvocoressi. In this study, it was found that 75 percent of relatives of Obsessive-Compulsive clients, were exhibiting minimal rituals or avoidance. Also noted in the study, were family stress and rejection attitudes toward the patient. Anger, criticism, and the belief that patients could control their symptoms, were perceived to display dysfunctional family traits.

Conditions Associated With Obsessive-Compulsive Behavior

In the Lang and Lazovik 1963 study, Taylor (p. 263) reports several types of conditions, associated with Obsessive-Compulsive Disorder, that have been noted through the administration of testing instruments, specifically the Behavioral Avoidance Tests (BATs). It was further noted that phobic responses to live and/or innate objects, i.e. snakes, in individuals with Obsessive-Compulsive behaviors, when measured, showed a prevalence.

In a review of the van Oppen literature (p. 16-17), several correlating subscales of testing instruments were reviewed. Data was grouped together that included anxiety, depression, interpersonal sensitivity, and hostility along with obsessive-compulsive trait characteristics.

The Obsessive-Compulsive Spectrum Disorder, in a discussion by Steketee (p. 615) of Brady et al (1989) data, several disorders were likened to obsessive-compulsive disorder. Hypochondriasis, body dysmorphic disorder, anorexia and bulimia were among the disorders reviewed. These disorders share similar functions in analysis: 'anxiety increases in response to obsessive-like ideas (illness, appearance, and is reduced by specific behaviors (medical consultation, testing, purging and exercise').

Description of Obsessive-Compulsive Testing/Assessment Devices

van Oppen describes three obsessive-compulsive (OC) testing devices, by various inventors, which were analyzed for their application in testing obsessive-compulsive behaviors. These testing devices, drawn from the van Oppen et al data (p. 243) were: Anxiety Discomfort Scale (ADS), Padua Inventory Revised (PI-R) and the Yale Brown Obsessive-Compulsive Scale (Y-BOCS).

The Anxiety Discomfort Scale (ADS)

The Anxiety Discomfort Scale (ADS) is a version of testing adapted from the Watson and Marks (1971) scales that van Oppen (p. 243) utilizes, and contained five main obsessive-compulsive targets rated on a nine point from zero (no uneasiness), to eight (extreme fear/tension) scale. This instruments tests for the anxiety and discomfort experienced by the patient.

The Padua Inventory Revised

The Padua Inventory Revised (PI-R) assesses the most important types of obsessive-compulsive behavior. This test includes ruminations and intrusive thoughts, with the scales ranging from zero (not at all), to four (very much).

The Yale-Brown Obsessive-Compulsive Test

In the Yale-Brown Obsessive-Compulsive test, which von Oppen (p. 243) notes from Goodman et al (1989b), is a clinician-rated symptom scale, consisting of ten items, ranging in severity of zero (not at all), to four (very much). This instrument further breaks down into two subsequent sub-scales, one for testing

compulsions and the other for testing obsessions.

Types of Obsessive-Compulsive Interventions

Review of present literature offers several types of interventions. Among prevailing treatment is behavior modification, cognitive intervention, and drug therapy.

Behavior Modification

This form of therapy, which Steketee (p. 616) draws from the Foa group (1986) studies, includes exposure and response prevention. Testing is administered on an average of 20 sessions, and had a slightly over 50 percent improvement rate at posttreatment.

Stanley and Turners' (p. 169-170) analysis of Mehta's (1990) research on behavioral techniques, such as muscle relaxation and systematic desensitization demonstrated improved outcome involving family members.

Cognitive

In patients suffering from overideation, and using rituals to forestall disaster, the use of emotional response predictors (EMR) and cognitive techniques, Stanley & Turner (p. 164-165) reported that Foa et al (1979) found this combination more effective than exposure by itself. In the use of cognitive neutralization, ritualized coping strategies are used to neutralize and/or stop intrusive thoughts. Ladouceur (p. 247), in relating statistics from research by Foa, Steketee and Ozarow in a 1985 study, found success rates of more than 75 percent when

using forms of cognitive neutralization.

Ladouceurs' (p. 248) analysis of Salkovskis' (1985) data on Thought Stopping, explored this technique and its variants. In describing the Salkovskis study, Ladouceur (p. 248-249) describes thought obsessions as either anxiety reducing or anxiety elevating. When these intrusive thoughts become obsessional, the therapist or client shouts the word 'STOP', thereby alleviating the obsessional thought for a short period of time.

Drugs

In recent years, the majority of work in drug treatment has focused on reuptake inhibitors, a process that is not fully understood according to Stanley (p. 170) in his review of Goodman's 1991 study.

Current drugs being used with obsessive-compulsive patients, as noted by Stanley (p. 170-171), in his analysis of the Flagman (1985) data include Clomipramine, Fluovoxamine, Fluoxetine and Sertraline.

Clomipramine. In his review of the Flagman (1985) data on Clomipramine testing, Turner (p. 191-192) revealed client response at 50 to 60 percent, with a 35 percent reduction rate of Obsessional-Compulsive symptoms.

Fluoxetine. In the only published study of the drug Fluoxetine by Turner and associates, Stanley (p. 170-171) report a 45 percent reduction in ritualization.

Fluovoxamine. A small study completed in 1987 by Price, Goodman and associates, Stanley (p. 171) describes a 60 percent

responders rate, with a 30 percent rate of obsessive-compulsive behavior. In a larger study by Goodman in 1989, Stanley (p. 171) reports a 43 percent responder rate, and a 43 percent reduction rate in behaviors.

Sertraline. This drug is considered to be the most potent of the reuptake drugs to date, as Stanley (p.171) quotes from Jenike's study in 1990.

CHAPTER III

METHODS AND PROCEDURES

To determine the amount of knowledge and experience in the area of Obsessive-Compulsive behavior, 25 graduate students in the school administration and counseling programs at Sam Houston State University completed the questionnaire included in the appendix. Randomly mixed classes, of both male and female, from both disciplines responded.

The questions covered the number of years involved in the specific discipline, number of courses covering abnormal behavior that were taken in college courses, familiarity with testing devices, and the number of cases involving obsessive-compulsive behavior that each respondent had experienced. Additional subjective questions were asked, as to the participants opinions concerning which gender displayed more obsessive-compulsive behaviors, age of onset, most effective types of intervention, and whether obsessive-compulsive behavior was the product of environment, organic influence or abuse.

Questions were developed in such a way that required opinions, rather than hard fact. The questions were asked in this manner so that data could be drawn from a framework of internal reference of beliefs and knowledge in order to accurately compare against data gathered by past research. This comparison would then give a true reflection of knowledge and understanding of the Obsessive-Compulsive Disorder, as understood

by counseling students and school administration students.

The responses from the 25 participants were scanned by a Scantron OMR 1100 Data Entry Terminal from a Scantron 882EX form, into an International Business Machine computer, and were analyzed by a program that generated frequencies and percentages. Responses to five selected questions were entered into a McIntosh computer for statistical analysis using the Statworks computer program.

Chi-square tests were completed for questions 4 and 6-10. A significance of .05 was chosen as the level at or below which sampling error alone could not account for the results of the test.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

Table 1 gives a composite on raw data of frequency and percentage from both school administration and counseling students. Figure 1, presented in a Bar Graph, displays composite data from Table 1. Table 2 gives frequency and percentage data of responses from school administration, and Table 3 gives frequency and percentage data from counseling students.

Female respondents from both the education and counseling fields were in the majority, with 92% of the respondents in education, and 93% in counseling. Data taken from question number two, on the questionnaire, queried participants on the number of years they had been in their chosen field. Of the educators, 73% had been in their field for 11 or more years, while 57% of the counselors had been in their respective field for five or less years.

Chi-Square tests were run on questions 4 and 6-10 from the survey, resulting in Tables 1 - 6 in the Appendix. The number of courses taken in abnormal behavior, represented by Table 4., was not significantly different, with 82% of educators, and 93% in counseling taking two or less courses. The number of first hand experiences, asked in question number five on questionnaire, did not display significance, with 82% of educators, and 79% in counseling having five or less incidents.

Table 5, questioning obsessive-compulsive behavior as being a product of environment, organic makeup, or abuse, 45% of the

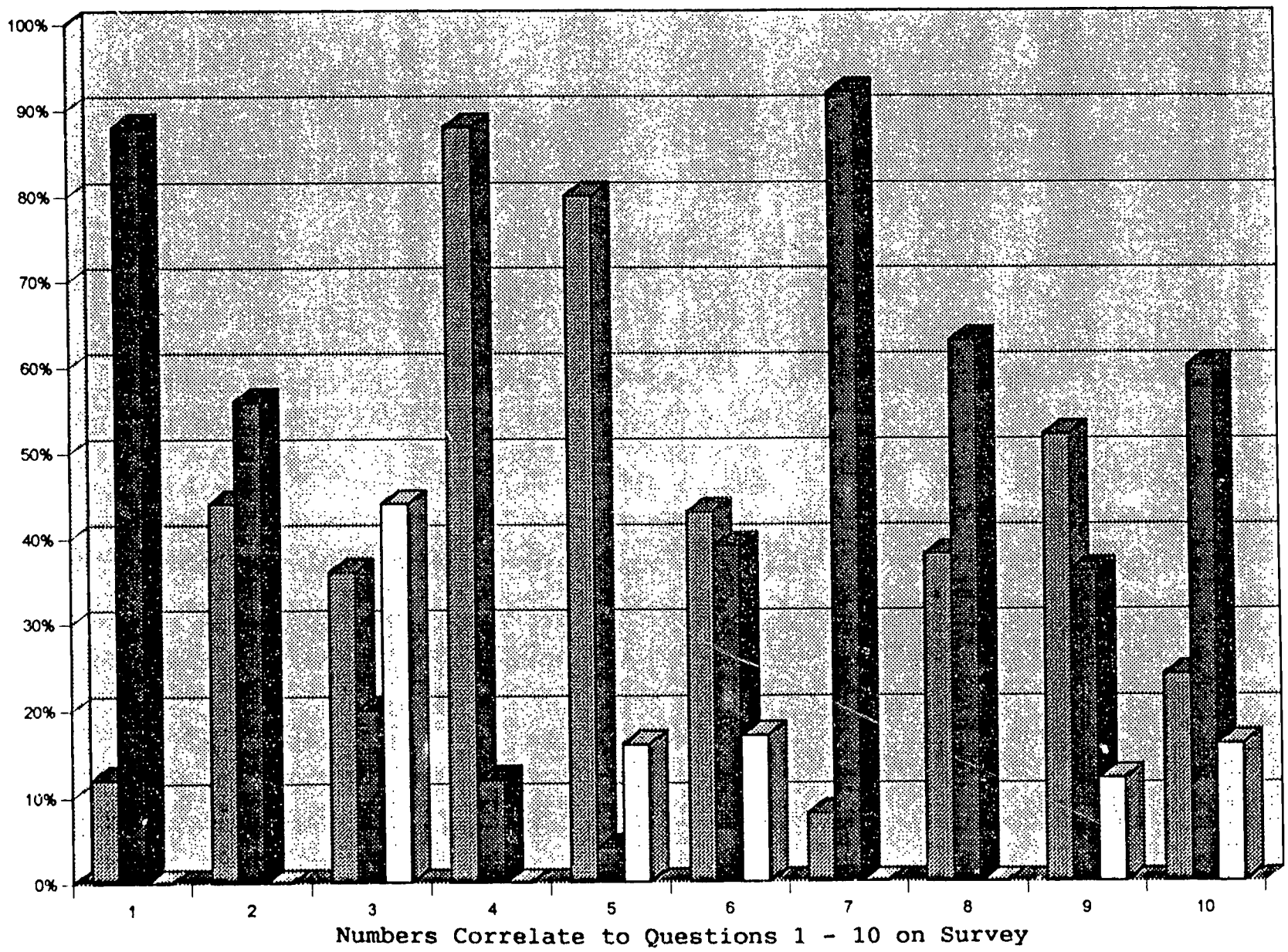

Figure 1. Composite Data From Table 1 on School Administration and Counseling Students Knowledge of Obsessive-Compulsive Behavior

educators chose environment, while 79% of the counseling students chose environment. Twenty-seven percent of the educators chose organic, compared to 7% in counseling, 27% of educators chose abuse, compared to 14% in counseling.

Knowledge of testing devices, displayed in Table 6, was not significant, with 93% of educators, and 91% of counseling students, reporting familiarity with various instruments. In Table 7, reports opinions about which gender displays the most obsessive-compulsive behavior, the fields were fairly equal, with educators saying 36% males, and 64% believing females displayed more obsessive-compulsive behavior and counseling students responding with 38% males, and 62% females.

The age of onset, presented in Table 8, of obsessive-compulsive behavior showed no statistical difference between the two fields, but did display preponderance of evidence with educators believing that 43% started at 0-10 years, 50% chose 11-15 years, and 7% responded 16 or older. Counseling responded with 64% in the 0-10 age bracket, and 18% in the 11-15, and 16 or older age bracket, respectively.

In Table 9, on most effective type of intervention, 18% of educators believed cognitive methods were best, 73% chose behavioral methods, and 9% believed drugs were the best choice. Counseling students believed that cognitive 28% were more effective, 50% chose behavior, and 21% chose drug therapy as the best method of intervention.

No significant difference was found at $p=<.05$.

CHAPTER V

SUMMARY AND CONCLUSIONS

There has been limited research in the area of comparison of knowledge between school staff and counseling students in the area of obsessive-compulsive behavior. An article from ADOLESCENCE (Vol. 29) Magazine, only made reference to obsessive-compulsive behavior in the classroom setting, was the closest that this study could come to a comparison, even though there was no comparison made between the two fields of study. Perhaps if segragated classes could have been polled, the results might have predicted another outcome.

In summary, there was no significant difference at the $p=<.05$ between school administration students and counseling students in the degree of knowledge, training or experience in the area of obsessive-compulsive behavior.

In conclusion, the null-hypothesis that there is no significance difference between the two fields of discipline must be accepted.

APPENDIX

July 1995

Dear Participant:

Several weeks ago you should have received a questionnaire in the mail. This is part of a survey taken to compare knowledge of obsessive-compulsive behavior between counseling students and school administration students at Sam Houston State University. Results of this study will be made available upon request.

Completing and returning the questionnaire is a vital part of this study. The results of this survey will be confidential and analyzed as group data. Your participation is vitally important. Please take time **now** to do the following:

* complete the questionnaire
* add any additional comments on back of questionnaire
* return it **today** in the self-addressed, stamped envelope

Taking time to contribute to this survey is greatly appreciated.

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QUESTIONNAIRE

Directions: Circle best response to each question. 19

1. Sex: A. Male B. Female

2. Field: A. Education B. Counseling

3. Number of years in the field:

   A. 5 or less B. 6-10 C. 11 or more

4. Number of courses covering abnormal behavior taken:

   A. 2 or less B. 3-4 C. 5 or more

5. How many first hand experiences have you had with obsessive-Compulsive behavior in the past five years?

   A. 5 or less B. 6-10 C. 11 or more

6. In your opinion, is obsessive-compulsive behavior a product of:

   A. Environment B. Organic C. Abuse

7. In your opinion, are you familiar with obsessive-compulsive testing devices?

   A. Yes B. No

   If YES, give example: _____

8. In your opinion, which sex displays more obsessive-compulsive behavior:

   A. Male B. Female

9. In your opinion, at what age does obsessive-compulsive behavior begin to display itself.

   A. 0-10/yr B. 11-15/yr C. 16/yrs and older

10. Which type of intervention is most effective with obsessive-compulsive behavior?

    A. Cognitive B. Behavioral C. Drugs

Table 1. Composite of Frequency and Percentage of Raw Data From School Administration and Counseling Students

Sam Houston State University
[illegible] COMPARISON SURVEY

Total Responding: 25 NR= No Response

Question	1 A	2 B	3 C	4 D	5 E	NR	Total	Average
1. Number:	3	22	0	0	0	0	25	1.9
Percent:	12%	88%	0%	0%	0%			
2. Number:	11	14	0	0	0	0	25	1.6
Percent:	44%	56%	0%	0%	0%			
3. Number:	9	5	11	0	0	0	25	2.1
Percent:	36%	20%	44%	0%	0%			
4. Number:	22	3	0	0	0	0	25	1.1
Percent:	88%	12%	0%	0%	0%			
5. Number:	20	1	4	0	0	0	25	1.4
Percent:	80%	4%	16%	0%	0%			
6. Number:	10	9	4	0	0	2	23	1.7
Percent:	43%	39%	17%	0%	0%			
7. Number:	2	23	0	0	0	0	25	1.9
Percent:	8%	92%	0%	0%	0%			
8. Number:	9	15	0	0	0	1	24	1.6
Percent:	38%	62%	0%	0%	0%			
9. Number:	12	9	3	0	0	2	23	1.5
Percent:	52%	39%	13%	0%	0%			
10. Number:	5	15	4	0	0	0	25	1.9
Percent:	20%	60%	16%	0%	0%			

Table 2. Frequency and Percentage of Data from School Administration Students on Obsessive-Compulsive Behavior

Sam Houston State University
OBSESSIVE-COMPULSIVE BEHAVIOR SURVEY OF EDUCATORS

Total Responding: 11 "NR"= Response

Question	1 A	2 B	3 C	4 D	5 E	NR	Total	Average
1. Number:	2	9	0	0	0	0	11	1.8
Percent:	18%	82%	0%	0%	0%			
2. Number:	11	0	0	0	0	0	11	1.0
Percent:	100%	0%	0%	0%	0%			
3. Number:	1	2	8	0	0	0	11	2.8
Percent:	9%	18%	73%	0%	0%			
4. Number:	9	2	0	0	0	0	11	1.2
Percent:	82%	18%	0%	0%	0%			
5. Number:	9	0	2	0	0	0	11	1.4
Percent:	82%	0%	18%	0%	0%			
6. Number:	5	3	3	0	0	0	11	1.8
Percent:	45%	27%	27%	0%	0%			
7. Number:	1	10	0	0	0	0	11	1.9
Percent:	9%	91%	0%	0%	0%			
8. Number:	4	7	0	0	0	0	11	1.6
Percent:	36%	64%	0%	0%	0%			
9. Number:	7	2	2	0	0	0	11	1.5
Percent:	64%	18%	18%	0%	0%			
10. Number:	2	8	1	0	0	0	11	1.9
Percent:	18%	73%	9%	0%	0%			

Table 3. Frequency and Percentage of Data from Counseling Students on Obsessive-Compulsive Behavior

Sam Houston State University
OBSESSIVE-COMPULSIVE BEHAVIOR OF COUNSELORS

Total Responding: 14 NR=No Response

Question		1 A	2 B	3 C	4 D	5 E	NR	Total	Average
1.	Number:	1	13	0	0	0	0	14	1.9
	Percent:	7%	93%	0%	0%	0%			
2.	Number:	0	14	0	0	0	0	14	2.0
	Percent:	0%	100%	0%	0%	0%			
3.	Number:	8	3	3	0	0	0	14	1.6
	Percent:	57%	21%	21%	0%	0%			
4.	Number:	13	1	0	0	0	0	14	1.1
	Percent:	93%	7%	0%	0%	0%			
5.	Number:	11	1	2	0	0	0	14	1.4
	Percent:	79%	7%	14%	0%	0%			
6.	Number:	5	6	1	0	0	2	12	1.7
	Percent:	42%	50%	8%	0%	0%			
7.	Number:	1	13	0	0	0	0	14	1.9
	Percent:	7%	93%	0%	0%	0%			
8.	Number:	5	8	0	0	0	1	13	1.6
	Percent:	38%	62%	0%	0%	0%			
9.	Number:	6	7	1	0	0	0	14	1.6
	Percent:	43%	50%	7%	0%	0%			
10.	Number:	4	7	3	0	0	0	14	1.9
	Percent:	29%	50%	21%	0%	0%			

Table 4. Chi-Square Analysis of School Administration and Counseling Students on Number of Courses Taken in Abnormal Behavior

Chi-Square: 0.05 Phi: 0.04 Contingency
Significance: 0.82 Cramer's V: 0.04 Coefficient: 0.04

Cell Count Row % Column % Total %	Data File: OBSESSIVE-COMPULSIVE STUDY		
	1	2	COURSES Totals
1	9 40.91 81.82 36.00	13 59.09 92.86 52.00	22 88.00
2	2 66.67 18.18 8.00	1 33.33 7.14 4.00	3 12.00
FIELD Totals	11 44.00	14 56.00	25 100.00

Table 5. Chi-Square Analysis of School Administration and Counseling Students on Causal Effects of Obsessive-Compulsive Behavior

Chi-Square:	1.96	Phi:	0.29	Contingency	
Significance:	0.38	Cramer's V:	0.29	Coefficient:	0.28

Cell Count Row % Column % Total %	Data File: OBSESSIVE-COMPULSIVE STUDY		
	1	2	PRODUCT OF Totals
1	5 50.00 45.45 21.74	5 50.00 41.67 21.74	10 43.48
3	3 75.00 27.27 13.04	1 25.00 8.33 4.35	4 17.39
2	3 33.33 27.27 13.04	6 66.67 50.00 26.09	9 39.13
FIELD Totals	11 47.83	12 52.17	23 100.00

Table 6. Chi-Square Analysis of School Administration and Counseling Students on Obsessive-Compulsive Testing Devices

Chi-Square:	0.32	Phi:	0.11
Significance:	0.57	Cramer's V:	0.11

Contingency Coefficient: 0.11

Cell Count Row % Column % Total %	Data File: OBSESSIVE-COMPULSIVE STUDY		
	1	2	FAMILIAR Totals
2	10 43.48 90.91 40.00	13 56.52 92.86 52.00	23 92.00
1	1 50.00 9.09 4.00	1 50.00 7.14 4.00	2 8.00
FIELD Totals	11 44.00	14 56.00	25 100.00

Table 7. Chi-Square Analysis of School Administration and Counseling Students on Obsessive-Compulsive Gender Prevalence

Chi-Square: 0.10 Phi: 0.06 Contingency
Significance: 0.75 Cramer's V: 0.06 Coefficient: 0.06

Cell Count Row % Column % Total %	Data File: OBSESSIVE-COMPULSIVE STUDY		
	1	2	SEX DISPLAY Totals
1	4 44.44 36.36 16.67	5 55.56 38.46 20.83	9 37.50
2	7 46.67 63.64 29.17	8 53.33 61.54 33.33	15 62.50
FIELD Totals	11 45.83	13 54.17	24 100.00

Table 8. Chi-Square Analysis of School Administration and Counseling Students on Age of Onset of Obsessive-Compulsive Behavior

Chi-Square:	2.87	Phi:	0.34	Contingency	
Significance:	0.24	Cramer's V:	0.34	Coefficient:	0.32

Cell Count Row % Column % Total %	Data File: OBSESSIVE-COMPULSIVE STUDY		
	1	2	ONSET AGE Totals
1	7 53.85 63.64 28.00	6 46.15 42.86 24.00	13 52.00
3	2 66.67 18.18 8.00	1 33.33 7.14 4.00	3 12.00
2	2 22.22 18.18 8.00	7 77.78 50.00 28.00	9 36.00
FIELD Totals	11 44.00	14 56.00	25 100.00

Table 9. Chi-Square Analysis of School Administration and Counseling Students to Most Effective Intervention in Obsessive-Compulsive Behavior

Chi-Square:	1.39	Phi:	0.24
Significance:	0.50	Cramer's V:	0.24

Contingency Coefficient: 0.23

Cell Count Row % Column % Total %	Data File: OBSESSIVE-COMPULSIVE STUDY		
	1	2	TREATMENT Totals
2	8 53.33 72.73 32.00	7 46.67 50.00 28.00	15 60.00
1	2 33.33 18.18 8.00	4 66.67 28.57 16.00	6 24.00
3	1 25.00 9.09 4.00	3 75.00 21.43 12.00	4 16.00
FIELD Totals	11 44.00	14 56.00	25 100.00

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