

*Students with Obsessive Compulsive Disorder Participating in Recess*

**Matthew D. Lucas, Ed.D., C.A.P.E.**  
**Longwood University**

**Amanda L. Sturgis, Student**  
**Longwood University**

*Abstract*

The participation of a student with Obsessive Compulsive Disorder (OCD) in recess can often be both challenging and rewarding for the student and teacher. This paper will address common characteristics of students with OCD and present basic solutions to improve the experience of these students in the recess setting. Initially the definition, symptoms, and prevalence of OCD will be presented. The paper will then address the special education classification of children with OCD, benefits of recess for children with OCD, and recommendations for these children in recess.

*Definition, Symptoms, and Prevalence of OCD*

OCD is a disorder in which the individual experiences unwanted obsessions, repetitive thoughts, and impulses that the individual tries to ignore or suppress. Obsession commonly leads to compulsions which are repetitive rituals that a person cannot resist performing. Some examples of compulsive behaviors are complex cleaning rituals, repeating words, and touching a doorknob to make sure it is locked. People with OCD often fear that if they do not engage in their compulsions, they or their loved ones will be plagued by a catastrophic event. Though the compulsion may sometimes be resisted, it often causes anxiety which is only relieved by the compulsive action (Hawkins & Young, 2011).

The lifetime prevalence of OCD is around 2.5%, occurring in males and females equally (Hawkins & Young, 2011). The onset for OCD in males is generally 6-15 years and 20-29 years for females, but can occur earlier, a point very important to this paper. The onset is usually gradual and the course of OCD tends to be “chronic with waxing and waning of symptoms” (Hawkins & Young, 2011). About 15% of individuals with OCD experience a progressive decline in occupational or social functioning (Hawkins & Young, 2011). The decline of social functioning is often because their compulsions become extremely severe and time consuming.

*Special Education Classification of Children with OCD*

The Individuals with Disabilities Education Act (IDEA) states that children who are determined to have disabilities under one of twelve categories, receive special education if the condition negatively affects the educational performance of the child. One such

category, which includes a variety of specific disabilities, is *emotional disturbances* (ED). ED is defined in IDEA as follows:

"(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (C) Inappropriate types of behavior or feelings under normal circumstances.
- (D) A general pervasive mood of unhappiness or depression.
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance" (CFR §300.7 (a) 9) (IDEA, 2004).

The category ED includes a variety of specific disorders. One such disorder that has often been considered in this category is OCD. It is interesting to note that since OCD is neurobiological in nature, as opposed to emotional, classification under the category of Other Health Impairment (OHI) is considered by some to be more appropriate (OCD Education Station, 2012). OHI is defined in IDEA as follows:

IDEA states that:

*Other health impairment* means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(ii) Adversely affects a child's educational performance. [§300.8(c)(9)] (IDEA, 2004)

As noted, one can make the point for classification of OCD under the categories of ED or OHI. The most important point for the reader to understand is that the disability, if it affects educational performance, is justification for special education services, regardless of specific classification.

### ***Benefits of the Recess Setting for Children with OCD***

Simply stated, the benefits of the recess setting are high for all children. These include a variety of physical and social benefits. In terms of physical benefits, studies have shown that recess leads to the following:

- Improvement of out-of-school activity levels – children usually are involved in physical activities on days in which they participate in in-school physical activities (Dale, Corbin, & Dale, 2000).
- Improvement of general fitness
- Improvement of endurance levels (Kidshealth.org, 2009)

In terms of social benefits, recess has been shown to lead to the following social skills:

- Conflict resolution
- Cooperation
- Taking turns
- Sharing
- Problem solving in situations that are real

All of these benefits are very important for the student with OCD because of the often decline in social functioning previously noted. Also, especially important in terms of OCD, is the fact that a large amount of exercise has been determined to be a natural and effective anti-anxiety treatment that helps to control OCD symptoms. Exercise allows the individual to refocus the mind when obsessive thoughts and compulsions arise. Exercise has been shown to have a variety of benefits such as relieving tension and stress, boosting physical and mental energy, and enhancing well-being through the release of endorphins, the brain's feel-good chemicals (Helpguide.org, 2012).

### ***Recommendations for Children with OCD***

To achieve the aforementioned goal of participation in exercise through recess, a variety of items should be remembered for the student with OCD:

- Consume water before, during, and after exercise to avoid dehydration.
- Perform exercises that utilize large muscle groups
- Keep the exercise intensity at a moderate level. High-intensity exercise can cause pain as a result of dehydration - increase intensity with caution (Livestrong.com, 2010)

In addition to the suggestions noted above to help ensure a high level of participation and thus a release of tension and stress, boost energy level, and enhance well-being, the teacher also needs to be aware of actual specific modifications to the recess “setting” to make it more “comfortable” for the student with OCD. Such modifications include:

- Maintain a calm recess that reduces stress – which often makes OCD symptoms more prominent. Reduce any “surprises” to the class.
- Teacher should never punish a student for their OCD behaviors. It not only will not work, it can aggravate their symptoms.

- Teachers should respect the physical boundaries of a student who is afraid of germs. Many OCD people who are afraid of germs, become highly agitated when touched.
- Student should be allowed to take a break from recess activities when it is compounding their symptoms and making them worse (Bright Hub Education, 2012).

### *Conclusion*

The participation of a student with OCD in recess can often be both challenging and rewarding for both the student and teacher. The rewards can manifest themselves in the student refocusing the mind when obsessive thoughts and compulsions arise, relieving tension and stress, and boosting physical and mental energy levels. This paper has hopefully addressed some basic concerns and solutions to improve the recess setting of students with OCD (National Dissemination Center for Children with Disabilities, 2010).

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