

Teacher Perceptions of Obsessive-Compulsive Disorder

**Kathleen McGrath
Caitlin Riegel
Niagara University**

**Rosina Mete
Yorkville University**

Abstract

Mental health concerns among K–12 students are prevalent, including students who present with complex conditions such as Obsessive-compulsive disorder (OCD) (Moon et al., 2017). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) explains that “characteristic symptoms of OCD are the presence of obsessions and/or compulsions” (American Psychological Association [APA], 2022, p. 263). The DSM defines obsessions as “repetitive and persistent thoughts, images, or urges. Compulsions (or rituals) are repetitive behaviors or mental acts” (APA, 2022, p.267). To examine school mental health, this study uses a multi-disciplinary lens including both education and mental health to investigate teachers’ understanding of OCD, their perceived abilities to teach and support students with OCD, and factors that impact their potential abilities. Using a quantitative approach to provide interpretations of teachers’ perceptions, results highlight implications for both in-service and pre-service development related to mental illness and potential collaboration between general and special education teachers, school counselors, and school psychologists.

Keywords: obsessive-compulsive disorder, student mental health, teacher education

Teacher Perceptions of Obsessive-Compulsive Disorder

The K-12 environment features teachers who are there to support, empower, and care for their students. One of the important roles teachers play is supporting students with disabilities as they are often the first to notice behavioral and emotional changes in their students. Consequently, K-12 teachers seek opportunities to facilitate a welcoming environment that addresses mental health concerns and promotes learning. The learning milieu is dynamic; however, barriers to student engagement in the classroom include mental health concerns which impact learning efficacy.

Research suggests that though K–12 educators are expected to accommodate for the many learning differences of their students, most teachers are not necessarily prepared for students with mental health diagnoses (Moon et al., 2017). One requirement for pre-service teachers includes foundational curriculum related to special education which includes mental health concerns; however, specific mental health curriculum at the pre-service level is not unilaterally required across the nation (Education Commission of the States, 2020). The content of this coursework centers on categories of disability as outlined by the Individuals with Disabilities Education Act [IDEA] (2004), of which specific mental health diagnoses (such as obsessive-compulsive disorder) may be touched on or not at all. Training for in-service educators may range from formal professional development to brief workshops on mental health awareness. This leads to the question as to whether more comprehensive pre-service preparation and in-service training are required to effectively support students with mental health conditions and specifically, OCD.

In today's society, there is an increased awareness regarding mental health issues, and mental health diagnoses have become more prevalent in school-age students (Tkacz & Brady, 2021). According to the National Alliance on Mental Illness (NAMI) (2020), one in five school-age youth has a mental health condition, with half of the mental health conditions developing by age 14. According to Freidl et al. (2017), childhood and

Teacher Conceptions of Obsessive-Compulsive Disorder

adolescence is the core risk phase for developing symptoms and syndromes of anxiety including separation anxiety, panic disorder, specific phobias, and obsessive-compulsive disorder (OCD). Children with an anxiety disorder are 3.5 times more likely to experience depression or anxiety in adulthood, and consequently, early identification, intervention, and treatment of anxiety disorders are crucial (Griffiths & Fazel, 2016; Krebs & Heyman, 2015).

While awareness has increased the ability to support students with mental health conditions in the classroom, as many as half of these students go undiagnosed and untreated, which can significantly interfere with a student's ability to learn, grow, and develop (National Alliance on Mental Illness [NAMI], 2020). Undiagnosed and untreated mental illness may also interfere with educators' abilities to provide appropriate support and accommodations for their students. NAMI (2020) maintains "since children spend much of their productive time in educational settings, schools provide a unique opportunity to identify and treat mental health conditions by serving students where they already are" (para. 2). This objective for the educational system to teach all students fosters a need for educators to be effectively prepared for this responsibility. Additionally, rates of OCD are increasing among college-aged university students, and research identifies a possible link to a lack of earlier school supports (Berman et al., 2022). On a global level, OCD symptoms are more prevalent amongst the general population within the past decade, and OCD symptom severity has increased since the COVID-19 pandemic (Guzick et al., 2021).

Many researchers include OCD as a neurodiverse population due to the differences in brain activity related to obsessive and compulsive behaviors (Ampe & Rammant, 2023; Honeybourne, 2018). There are researchers who caution against the exclusion of OCD as a neurodiverse condition due to its neurological presentation (Mellifont, 2021). The study provides further research to reduce stigma and increase awareness surrounding OCD and its impact within the classroom.

To date, teachers' understanding of OCD and their perceptions of their abilities to effectively support students with OCD

McGrath, Riegel, and Mete

in the educational context have not been studied in-depth (Chaves et al., 2021). Examining teachers' perceptions of OCD is relevant to teacher education as it provides a starting point to illuminate teachers' current level of understanding regarding OCD. This study explores how and in what ways teachers perceive their understanding of OCD, as well as their perceived abilities to teach and support students with OCD. The purpose is to add to the discussion regarding mental health, specifically OCD, in the educational environment and to encourage further collaboration amongst educators and school clinicians. Results highlight implications for teacher preparation programs, including program improvements to better prepare educators to navigate barriers to learning related to mental illness, use of appropriate supports for students with OCD in the classroom, and skills necessary to collaborate with mental health specialists. The research also provides professional development ideas for school administrators related to teacher knowledge gaps regarding complex mental illness.

Review of the Literature

To contextualize mental health and specifically OCD within the classroom and provide a framework for the study, literature was reviewed that examined (1) current understandings and identification of OCD, (2) impacts of OCD on school functioning, and (3) overall trends in teacher perceptions towards their abilities to address and support students with mental health conditions in the educational context.

Clinical Overview of Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is a common, chronic, and long-lasting disorder that affects one to three percent of the worldwide population and is considered one of the top leading causes of global disability (Chasson et al., 2022; Fawcett et al., 2020; Pampaloni et al., 2021). It is marked by uncontrollable, recurring thoughts (obsessions), and/or behaviors (compulsions). Obsessions, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [DSM-5-TR] (APA, 2022), are recurrent and persistent

Teacher Conceptions of Obsessive-Compulsive Disorder

thoughts, urges, or impulses that are experienced as intrusive and unwanted at some time during the disturbance. In most individuals, obsessions cause marked anxiety or distress. Compulsions are repetitive behaviors or mental acts aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive (APA, 2022). Paradoxically, though compulsions seem to bring short term relief from the anxieties caused by obsessions, Peris and Schneider (2019) assert that compulsions eventually result in more anxiety and fear. Anxiety Canada (n.d.) describes this phenomenon as the OCD cycle.

For a clinical diagnosis of OCD, the DSM-5-TR specifies that “obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) and may cause clinically significant distress or impairment in social, occupational, or other important areas of functioning” (APA, 2022, p. 266). The DSM-5-TR highlights that young children may not be able to articulate the aims of their behaviors or mental acts (APA, 2022). Furthermore, many students attempt to hide their symptoms and are embarrassed to seek help, thinking that they are the only ones who experience these obsessions and compulsions or fearing that others will think of them as “crazy” (Keyes et al., 2018, p. 22). Consequently, the abilities of health care providers, educators, school psychologists and counselors, and caregivers may be instrumental in recognizing, monitoring, and intervening with students exhibiting OCD behaviors.

Impacts of OCD on School Functioning

OCD may affect a child’s ability to learn, make friends, and have fun within the educational context (Shakehnia et al., 2017). In fact, children with OCD may often have difficulties with concentration, memory, executive function, and behavior, resulting in school avoidance or refusal, impaired academic achievement (Negreiros et al., 2022), and deficits in social functioning (Snyder et al., 2015) and quality of life (Storch et al., 2018). For example, attention that students should allocate to academic

McGrath, Riegel, and Mete

tasks is frequently redirected to obsessive thoughts or mental compulsions (Sulkowski et al., 2018), which may interfere with following directions and/or completing academic tasks in a timely fashion. OCD symptoms may also impair memory and result in missing information or forgetting things.

In another example, preoccupations with performing morning rituals associated with OCD may result in tardiness and absenteeism (Sulkowski et al., 2018). OCD symptoms might also manifest in problematic behaviors including agitation and non-compliance as the child seeks endless reassurances or explanations, or is compelled to avoid certain classes, activities, or people. It is not surprising that students' preoccupation with ruminations and compulsions leave little time or energy for friends or family. Many are withdrawn and isolated from peers with few or no friendships. In addition, many adolescents attempt to hide their condition due to shame and embarrassment surrounding their OCD behaviors (Zakaria et al., 2019).

It is important to highlight that under the Individuals with Disabilities Education Act (IDEA), special education services typically are not available for most mental health diagnoses, including OCD, except under circumstances when the mental health condition significantly impacts educational performance. In these cases, students might qualify for services under the category of Other Health Impaired (OHI). However, many students with OCD do not meet the criteria for IDEA's special education services. Such students might qualify for accommodation and support under Section 504 of the Rehabilitation Act of 1973 (Adams et al., 2007; Chaturvedi et al., 2014). A 504 Plan might include counseling services, modifications to the learning environment, extended time for tests and assignments, or other necessary and specific supports as determined by individual evaluation (Chaturvedi et al., 2014). Consequently, collaboration, understanding, and compassion among educational professionals is crucial to best support these students in reaching their educational potential (Villani et al., 2022).

Teacher Perceptions of Ability to Support Students with OCD

It is estimated that, on average, American students spend six

Teacher Conceptions of Obsessive-Compulsive Disorder

hours per day in school, accounting for many of their waking hours (ED 100, 2015), and teachers often play an integral role in identifying and supporting students who have mental-health issues (Kratt, 2019; Marsh, 2016; Shelemy et al., 2019). However, research suggests that teachers, worldwide, perceive a lack of specific knowledge on mental health, training, and experience with supporting mental health issues (Bruek, 2016; Chaves et al., 2021; Kratt, 2019; Marsh, 2016; Mazzer & Rickwood, 2015).

Additionally, research reveals that teachers feel overwhelmed with taking on the role of a mental-health provider (Chaves et al., 2021; Ekornes, 2017; Kratt, 2019; Marsh, 2016). Kratt (2019) pointed out that part of teachers' overwhelm was due to the lack of formal education on mental health for pre-service teachers (Hampson et al., 2018; Mazzer & Rickwood, 2015; Poznanski et al., 2018) and minimal in-service training available to teachers for addressing mental health concerns in the classroom (Ersoy & Deniz, 2016; Kutcher & Wei, 2020). Not surprisingly, when teachers feel inadequately prepared to deal with students with mental health problems, they often become frustrated, disappointed, and discouraged (Shirley et al., 2020). Kratt (2019) found that teachers are becoming more aware of mental health conditions, desire effective training, and "are interested in being part of the solution" (p. 33).

Teacher Preparation Curriculum

Educator Preparation Programs (EPPs) are designed to prepare teacher candidates for the field of education, including foundational curriculum related to special education. For example, the New York State Education Department (NYSED, 2021) requires EPPs to include at least three semester hours in the field of special education. However, special education remains only a small portion of the total required semester hours. Additionally, these hours typically focus on providing teacher candidates with general knowledge of special education, including categories of disabilities, identification and remediation of disabilities, the special education process, and state and federal special education laws and regulations. These hours also typically focus on effective practices for planning

McGrath, Riegel, and Mete

and designing co-teaching and collaboration with peers, individualizing instruction, and applying positive behavioral supports and interventions to address student and classroom management (New York State Education Department [NYSED], 2021).

The limited special education knowledge gained in an EPP may contribute to the lack of preparation that teachers feel related to supporting mental health issues in the educational setting (Holmqvist, 2019; Kratt, 2019; Mazzer & Rickwood, 2015). It is suggested that independent liberal arts colleges play a unique role in teacher education, having the ability to adapt to provide professional preparation in relevant moral and ethical issues within the field of education (U.S. News & World Report, 2022). With accreditation bodies, such as Council for the Accreditation of Educator Preparation (CAEP) and Association for Advancing Quality in Educator Preparation (AAQEP) calling for “continuous improvement,” EPPs have external bodies pushing, and research supporting, the need to address programmatic improvements, including those related to preparing educators to better support students with OCD (Association for Advancing Quality in Educator Preparation [AAQEP], 2021, para. 1; Council for the Accreditation of Educator Preparation [CAEP], 2020, para. 2).

Though research has broadly examined teachers’ perceptions of their knowledge, skills, and dispositions toward effectively supporting students with mental health issues in the educational context, there exists a gap within the literature relative to teacher perspectives of their knowledge, competencies, and experience when supporting students with OCD. Effectively supporting students who struggle with OCD requires knowledge about OCD symptomatology as well as its effects on school functioning. It also requires knowledge about effective accommodations for the educational context. Although special education requirements are embedded in the educator preparation curriculum, as outlined above, there is room to modify curriculum to enhance special education knowledge with more explicit knowledge of mental health.

Teacher Conceptions of Obsessive-Compulsive Disorder

Methods

This multidisciplinary study uses both an educational and mental health lens to examine teachers' understanding of Obsessive-compulsive disorder (OCD), their perceived abilities to teach and support students with OCD, and the factors that impact their perceived abilities. The research team included three university faculty, with two in teacher education and one counsellor educator and psychotherapist allowing for a collaborative and interdisciplinary examination of the research questions.

This study used a quantitative approach (Sahin & Öztürk, 2019) to examine teachers' perceptions of obsessive-compulsive disorder (OCD). The following research questions were addressed:

1. What do teachers know about obsessive-compulsive disorder (OCD)?
2. How do teachers perceive their ability to teach students with obsessive-compulsive disorder (OCD)?
3. What has had the greatest impact on teachers' perceived ability to teach students with obsessive-compulsive disorder (OCD)?

Participants

The selected participants had both preparation and practical experience regarding teaching within inclusion classrooms. Purposive sampling was used to identify a sample of 274 participants. To solicit participants, school district administrators, employed in a northeastern state, were contacted via email obtained from a public listserv of public and non-public school boards and were requested to forward the online survey to their P-12 faculty. The sample also included individuals who were members of national teacher organizations. Organization leaders were sent an email requesting them to forward the online survey to their members. The sample also included individuals who graduated from an EPP in a liberal arts and science institution in a northeastern state and were employed in a public, private, or charter school, working in a school or for an educational organization (e.g., day school program, special education

McGrath, Riegel, and Mete

agency, teachers' association). These individuals were solicited through their personal email addresses supplied by their institution's Alumni Engagement Office.

Participants completed an online survey distributed via email through their online provider (i.e., Campus Labs). The sample included primarily White (89.42%) females (86.50%) between the ages of 26-30 (27.01%) or over 40 (34.67%). All participants reported earning at least a Bachelor of Art's degree, with the majority (80.29%) earning a Master of Education degree, suggesting a high level of education amongst participants. Participants indicated working in Birth-Pre-K (7.66%), Grades K-2 (19.34%), Grades 3-5 (14.96%), Grades 6-8 (20.07%), Grades 9-12 (24.45%), or another educational setting, or a combination of grades (12.04%). Additionally, participants indicated a variety of teaching experience, including less than one year (7.30%), 1-5 years (32.48%), 6-10 years (20.07%), to 10+ years (39.78%).

Procedure

Prior to beginning the study, approval from an Institutional Review Board (IRB) was received. The approval included permission to conduct research on human subjects. Participants completed a consent form, received a copy of the survey items and sampling procedures, along with a disclaimer about volunteering, data security, and confidentiality. Evidence of content validity for the survey (see Appendix) was achieved by conducting a review of the survey's content by experts. Given that the survey involved a specific mental health diagnosis, several faculty members from a clinical mental health program at a northeastern university reviewed the first drafts of the survey questions for clarity, relevance, and accuracy.

Several emails were sent out requesting participation with additional email reminders sent periodically. The participating teachers completed a survey involving several sections. The first section included personal demographics and current employment information which validated their qualification for participation. The second section had participants indicate their current level of knowledge of OCD through one open-ended

Teacher Conceptions of Obsessive-Compulsive Disorder

question as well as eight Likert scale questions rating their level of knowledge, from *not at all knowledgeable* (1) to *extremely knowledgeable* (5), within a series of questions phrased to determine their perceived knowledge of specific aspects of OCD (e.g., definition, characteristics). The third section had participants indicate their perceived ability to teach students with OCD through one Likert scale question rating their perceived ability, *poor* (1) to *excellent* (5), and several open-ended questions phrased to determine the greatest impact on their ability to teach students with OCD (e.g., Educator Preparation Program, professional development). The last section was an optional entry into a drawing for one of two \$25 electronic gift cards.

Data Analysis

SPSS and Microsoft Excel were used to analyze the data. To address knowledge of OCD, Microsoft Excel was used to run descriptive statistics identifying the percentage of the sample with specific knowledge on different aspects of OCD. To address teaching students with OCD, Microsoft Excel was used to develop a bar graph depicting the number of participants and their perceived ability to teach students with OCD as poor, fair, good, very good, or excellent. SPSS was then used to run multiple ANOVAs to identify significant differences in participants' perceived ability to teach students with OCD. To address factors that impacted participants' perceived ability to teach students with OCD, Microsoft Excel was used to develop a circle graph depicting the resource that had the greatest impact on the perceived abilities (e.g., percentage of the sample that indicated an educator preparation program, professional development, professional experiences, personal experiences, self-study, or other had the greatest impact on their ability to teach students with OCD).

Findings

Current Knowledge of OCD

Results indicate that the participants' greatest perceived knowledge about OCD centers around the definition (e.g., diagnosed disorder) and characteristics (e.g., repetition of

McGrath, Riegel, and Mete

behaviors). As outlined in Table 1, very few of the 274 educators held a high level of perceived knowledge regarding OCD, with less than seven percent indicating they were extremely knowledgeable in any aspect of OCD. The aspects of OCD that educators expressed knowledge in were foundational aspects such as the definition and characteristics, with around 70 percent of educators indicating they were somewhat or moderately knowledgeable in these areas. The more detailed aspects, such as knowing the instructional strategies to use with students with OCD and knowing what accommodations and modifications to provide to students with OCD, had low levels of knowledge, with over 60 percent of educators indicating slight knowledge or no knowledge at all in each of these aspects (see Table 1).

TABLE 1
Perception of Current Level of Knowledge of OCD

Aspects of OCD	Perception of Current Level of Knowledge (%)				
	Not at all	Slight	Somewhat	Moderate	Extreme
Definition	1.46	21.53	37.59	32.48	6.93
Characteristics	1.46	24.09	39.05	30.66	4.74
Instructional Strategies	29.20	35.40	22.63	9.85	2.92
Accommodations and Modifications	26.64	39.78	17.88	13.87	1.82
Assistive Technology	52.55	28.83	12.04	6.20	0.36
Transition Process	44.16	31.75	15.69	6.20	2.19
Family Perspectives	36.50	33.21	19.71	8.03	2.55
Resources	47.45	31.02	14.23	5.47	1.82

Note: All percentages rounded to the nearest hundredth.

Teaching Students with OCD

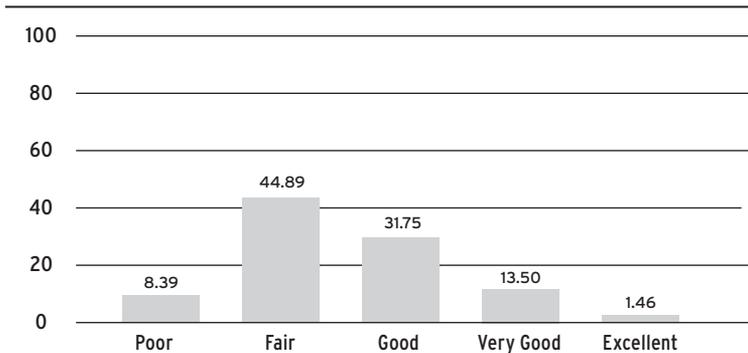
The second research question addressed how teachers perceive their ability to teach students with OCD. As outlined in Figure 1, 53.28 percent of participants indicated their ability to teach students with OCD as poor or fair, while 46.71 percent indicated their ability to teach students with OCD as good, very good, or excellent. It is evident from Figure 1 that educators

Teacher Conceptions of Obsessive-Compulsive Disorder

do not have a great deal of confidence in their ability to teach students with OCD, with only 1.5 percent of participants indicating their ability to teach students with OCD as excellent.

FIGURE 1

Teachers' Perceived Ability to Teach Students with OCD



A one-way ANOVA was conducted to compare the highest level of education (e.g., Bachelor of Arts Degree, Master of Education Degree) of the participants. As indicated in Table 2, a significant difference was found ($F(3, 270) = 3.830, p < .05$). Tukey's HSD was used to determine the nature of the differences between participants having the highest levels of education. This analysis revealed that participants holding a doctoral degree ($m = 3.4, sd = .894$) indicated a significantly higher perceived ability to teach students with OCD than

TABLE 2

One-way ANOVA and Post Hoc Summary of Highest Level of Education on Perceived Ability to Teach Students with OCD

Highest Level of Education	N	F	p	Tukey's HSD	
				Sig. Different Groups	Mean
Bachelor's Degree	43	3.830	*	Bachelor's Degree & Doctorate Degree	2.23*
Master's Degree	220				2.58
Professional School Degree	6				2.83
Doctorate Degree	5				3.40*

* $p < .05$, ** $p < .01$

McGrath, Riegel, and Mete

participants holding a bachelor's degree ($m = 2.23, sd = .782$).

Another one-way ANOVA was conducted to compare participants' mental health advocacy to their perceived ability to teach students with OCD, indicating different frequencies of advocating for mental health in their classroom. As indicated in Table 3, a significant difference was found ($F(4, 269) = 5.955, p < .01$). Tukey's HSD was used to determine the nature of the differences between participants from different races given its ability to determine which group means are significantly different from each other while controlling for the risk of making false discoveries based on the unequal group sizes. This analysis revealed that participants who advocate for mental health in their classroom always ($m = 2.89, sd = .914$) indicated a significantly higher perceived ability to teach students with OCD than participants who advocate for mental health in their classroom sometimes ($m = 2.33, sd = .854$) or never ($m = 1.67, sd = .516$).

TABLE 3

One-way ANOVA and Post Hoc Summary of Mental Health Advocacy on Perceived Ability to Teach Students with OCD

Mental Health Advocacy	N	F	p	Tukey's HSD	
				Sig. Different Groups	Mean
Never	6	5.955	**	Always & Never	1.67**
Rarely	80				2.40
Sometimes	25			Always & Sometimes	2.33**
Often	97				2.59
Always	66				2.89**

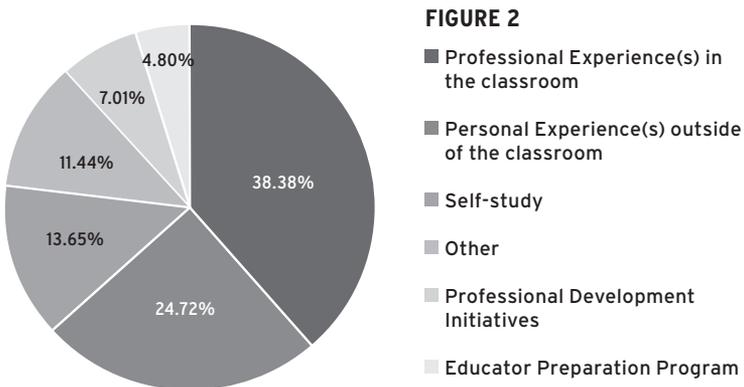
* $p < .05$, ** $p < .01$

Impact on Teaching Students with OCD

The third research question addressed the greatest impact on teachers' perception of their ability to teach students with OCD. As outlined in Figure 2, both professional experiences within the classroom and personal experiences outside of the classroom had the greatest impact on participants' ability

Teacher Conceptions of Obsessive-Compulsive Disorder

to teach students with OCD. Given that about 40 percent of participants indicated they have been employed as a teacher for ten or more years, it follows that their experiences would have a substantial impact on their ability to teach students with OCD. Consequently, approximately 40 percent of participants indicated they have been employed as a teacher for five years or less, indicating they were relatively new to the profession. The researchers are of the opinion that a preparation program specifically designed to prepare prospective educators to teach all students in their classroom would also have a substantial impact on an educator's perceived ability to teach students with OCD. Figure 2 illustrates that the least impactful resource for educators' perceived ability to teach students with OCD was their EPP, with only 4.8 percent of educators indicating their preparation program had the greatest impact. In addition to personal and professional experiences, teachers indicated that professional development initiatives, self-study, and other factors such as consulting colleagues and medical professionals, impacted their perceived ability to teach students with OCD more than their educator preparation programs. The data indicates that the most beneficial resources are professional experience in the classroom and personal experiences outside the classroom.



Discussion

This study fills a gap outlined in the literature regarding teachers' understanding of OCD, as well as their perceived

McGrath, Riegel, and Mete

ability to teach and support students with OCD. It explores educators' understanding of OCD and provides a lens of their perceived skills and knowledge regarding the management and accommodation of clinical symptoms of OCD in the classroom. This study also provides several contributions to the field, including a model for future research intended on evaluating teachers' understanding of mental health diagnoses that may be present in the K-12 classroom.

Data gathered in this study suggests that teacher's current perceived knowledge of OCD is focused on the broad medical aspects such as the definition and characteristics. Given the impacts of OCD on a child's education (Adams et al., 2007; Chaturvedi et al., 2014; Negreiros et al., 2022; Shakehnia et al., 2017; Snyder et al., 2015; Sulkowski et al., 2018; Zakaria et al., 2019), it is evident that this perceived general understanding of OCD does not allow teachers to navigate the academic challenges students with OCD may present in the classroom. Rather, more in-depth knowledge in areas such as accommodations, instructional strategies, and resources would better prepare teachers to support students struggling with OCD in the classroom (Villani et al., 2022).

Corroborating the literature (Bruek, 2016; Chaves et al., 2021; Kratt, 2019; Marsh, 2016; Mazzer & Rickwood, 2015), data gathered in this study suggest that teachers generally perceive their ability to teach students with OCD as low. This study found that the more formal education (e.g., Bachelor of Arts Degree, Master of Education Degree) and active support (i.e., advocating for mental health in the classroom), the higher their perceived ability to teach students with OCD. This suggests that the amount of training a teacher receives, whether it be through pre-service course work or in-service professional development, may make a significant difference on teachers' perceived ability by providing more in-depth knowledge and intentionally getting them more actively involved in the mental health community. As discussed in the literature review, independent liberal arts colleges are in a unique position to address programmatic improvements, including those related to preparing educators to better support students with OCD

Teacher Conceptions of Obsessive-Compulsive Disorder

(U.S. News & World Report, 2022; Association for Advancing Quality in Preparation [AAQEP], 2021, para. 1; Council for the Accreditation of Educator Preparation [CAEP], 2020, para. 2).

Finally, data gathered in this study suggests that teachers rely heavily on their personal and professional experiences to teach students with OCD. The ability to learn from experience is something teacher preparation programs hope students continue to do as they enter the field; however, the data collected from teachers within their first five years of teaching revealed a heavy reliance on experience. This suggests that preparation programs specifically designed to prepare prospective educators to teach diverse students may not be adequately addressing student mental health diagnoses. Furthermore, the literature regarding a limited exposure, if any, to OCD (Brueck, 2016; Chaves et al., 2021; Kratt, 2019; Marsh, 2016; Mazzer & Rickwood, 2015), specifically supports a potential need for preparation programs to revise their coursework on students with special needs.

Limitations

The limitations of this study provide several areas for future research. To strengthen the generalizability of these findings, a national sample of educators should be examined. Findings can also be analyzed to determine whether there is a significant difference in teachers' perceived ability to teach students with OCD and the number of credit hours focused in special education required by EPPs. Secondly, 89.42 percent of the participants of this study identified as white and 86.50 percent identified as female. These ratios are slightly higher than the national percentages as reported by the National Center for Educational Statistics [NCES] (2020), where 76 percent of public school teachers identify as female and about 79 percent identify as white. To strengthen the generalizability of these findings, future research could examine a more diverse sample of teachers.

Implications

The results of this study suggest several implications. First, given students spend, on average, one-third to one-half of

McGrath, Riegel, and Mete

their day either in school or going to and from school (Oliveira et al., 2019), teachers and other school personnel can make a profound difference in the lives of those exhibiting OCD by providing effective, flexible, and compassionate support. Although teachers are positioned to identify, intervene, and advocate for students struggling with OCD, the results from this study suggest they generally perceive their abilities in these areas to be low. Teacher preparation focused on knowledge development, accommodations, instructional strategies, and resources for students who have OCD will be important for effectively and compassionately supporting these students.

A second implication involves professional collaboration. The National Association of School Psychologists [NASP] (2016), asserts that collaboration among school and mental health experts is critical to providing the full continuum of mental health services necessary for effectively supporting students' mental health. Education that includes preparation for working with students who have special needs plays a critical role in promoting and facilitating the academic achievement and adaptive social functioning of students with OCD. Therefore, the input of other professionals in collaboration with the general education teacher is critical (Ní Bhroin & King, 2020). With a better understanding of OCD and its impacts on school functioning, teachers will be positioned to offer compassionate, flexible, and effective accommodations as well as create safe, positive classroom environments that will decrease anxiety and increase the academic and social success of all students, including those with OCD. An excellent resource for educators is *Teaching the Tiger: A Handbook for Individuals Involved in the Education of Students with Attention Deficit Disorder, Tourette Syndrome, or Obsessive Compulsive Disorder* (Dornbush & Pruitt, 1995).

The results of this study also suggest teachers' current knowledge of OCD focuses on broad medical aspects rather than more in-depth areas related to education (e.g., accommodations, instructional strategies, resources). More formal teacher preparation related to students struggling with OCD would better support students with OCD. As highlighted

Teacher Conceptions of Obsessive-Compulsive Disorder

earlier, current teacher preparation requires a handful of credit hours that focus on students with special needs; however, specific mental health diagnoses, such as OCD, may be briefly discussed or fully omitted from training. With smaller class sizes and more individualized instruction, independent liberal arts institutions have the ability to revise current course content to include activities and assignments that dig deeper to cultivate the knowledge, skills, and dispositions teachers must possess to effectively support students with OCD in ways that larger institutions may not be able to support (e.g., time, grading, individualized content) on a larger scale.

In sum, a three-pronged preparation approach would be effective for EPPs to implement. This would encompass (1) improving teachers' knowledge of mental illness (e.g., OCD, Attention Deficit Disorder, Tourette Syndrome), (2) learning to support students with OCD in the classroom (e.g., accommodations, instructional strategies, resources), and (3) increasing collaboration with mental health specialists such as school psychologists and school counselors to ensure students receive the appropriate support in the classroom. Providing ongoing professional development on mental illnesses such as OCD is essential to providing students with the highest quality education possible.

Future Research

Due to the increased national and global awareness of mental health conditions of students in the post-pandemic classroom, the potential for identifying, intervening, and providing effective support in the educational context will be an important area for further research. Similarly, teacher preparation for providing compassionate support for students who struggle with OCD is a vital area for further research and development.

References

- Adams, G. B., Smith, T. J., Bolt, S. E., & Nolten, P. (2007). Current educational practices in classifying and serving students with obsessive-compulsive disorder. *The California School Psychologist, 12*, 93-105.

McGrath, Riegel, and Mete

- American Psychiatric Association. (2023). Obsessive-compulsive and related disorders. *Diagnostic and statistical manual of mental disorders*, 5-TR.
- Ampe, P., & Rammant, E. (2023). *Great minds think unlike: The benefits of ADHD, Autism, Dyslexia and OCD*. Lannoo Meulenhoff-Belgium.
- Anxiety Canada. (n.d.). *Vicious cycle of OCD: How OCD takes over*. <https://www.anxietycanada.com/articles/vicious-cycle-of-ocd-how-ocd-takes-over>
- Association for Advancing Quality in Educator Preparation [AAQEP], (2023). *Accreditation*. <https://aaqep.org/accreditation>
- Berman, N. C., Fang, A., Hoepfner, S. S., Reese, H., Siev, J., Timpano, K. R., & Wheaton, M. G. (2022). COVID-19 and obsessive-compulsive symptoms in a large multi-site college sample. *Journal of obsessive-compulsive and related disorders*, 33, 100727.
- Bruek, M. (2016). Promoting access to school-based services for children's mental health. *AMA J Ethics*, 18(12), 1218-1224.
- Centers for Disease Control and Prevention. (2020, March). *Children's mental health: basics*. <https://www.cdc.gov/childrensmentalhealth/basics.htm>
- Chasson, G. S., Cho, J., Zimmerman, M., & Leventhal, A. M. (2022). Comorbidity of obsessive-compulsive disorder and symptoms with nicotine dependence: Observational epidemiologic evidence from US-representative and psychiatric outpatient population-based samples. *Journal of Psychiatric Research*, 146, 156-162.
- Chaturvedi, A., Murdick, N. L., & Gartin, B. C. (2014). Obsessive Compulsive Disorder: What an educator needs to know. *Physical Disabilities: Education and Related Services*, 33(2), 71-83.
- Chaves, A., Arnáez, S., Roncero, M., & García-Soriano, G. (2021). Teachers' knowledge and stigmatizing attitudes associated with obsessive-compulsive disorder: Effectiveness of a brief educational intervention. *Frontiers in psychiatry*, 12, 677567.
- Council for the Accreditation of Educator Preparation [CAEP].

Teacher Conceptions of Obsessive-Compulsive Disorder

- (2020). *Vision, mission, & goals*. <http://caepnet.org/about/vision-mission-goals>
- Dornbush, M. P., & Pruitt, S. K. (1995). *Teaching the tiger: A handbook for individuals involved in the education of students with attention deficit disorders, Tourette syndrome, or obsessive-compulsive disorder*. Hope Press.
- Education Commission of the States. (2020). 50 state comparison. <https://files.eric.ed.gov/fulltext/ED608357.pdf>
- Ekornes, S. (2017). Teacher stress related to student mental health promotion: The match between perceived demands and competence to help students with mental health problems. *Scandinavian Journal of Educational Research*, 61(3), 333-353.
- Ersoy, E., & Deniz, M. E. (2016). Psychometric properties of the gifted students' coping with anger and decision making skills scale. *Journal of Education and Practice*, 7(15), 121-128.
- Fawcett, E. J., Power, H., & Fawcett, J. M. (2020). Women are at greater risk of OCD than men: A meta-analytic review of OCD prevalence worldwide. *The Journal of Clinical Psychiatry*, 81(4).
- Freidl, E. K., Stroeh, O. M., Elkins, R. M., Steinberg, E., Albano, A. M., & Rynn, M. (2017). Assessment and treatment of anxiety among children and adolescents. *Focus*, 15(2), 144-156.
- Griffiths, H., & Fazel, M. (2016). Early intervention crucial in anxiety disorders in children. *The Practitioner*, 260(1794), 17-20.
- Hampson, M. E., Watt, B. D., Hicks, R. E., Bode, A., & Hampson, E. J. (2018). Changing hearts and minds: The importance of formal education in reducing stigma associated with mental health conditions. *Health Education Journal*, 77(2), 198-211.
- Holmqvist, M. (2019). Lack of qualified teachers: A global challenge for future knowledge development. *Teacher education in the 21st century*, 1-13.
- Honeybourne, V. (2018). *The neurodiverse classroom: A teacher's guide to individual learning needs and how to meet them*.

McGrath, Riegel, and Mete

- Jessica Kingsley Publishers.
Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).
- International OCD Foundation. (2014). *OCD in children and teenagers fact sheet*. <https://iocdf.org/wp-content/uploads/2014/10/OCD-in-Children-and-Teenagers-Fact-Sheet.pdf>
- Keyes, C., Nolte, L., & Williams, T. I. (2018). The battle of living with obsessive-compulsive disorder: A qualitative study of young people's experiences. *Child and Adolescent Mental Health, 23*(3), 177-184.
- Kratt, D. (2019). Teachers' perspectives on educator mental health competencies: A qualitative case study. *American Journal of Qualitative Research, 2*(1), 22-40.
- Krebs, G., & Heyman, I. (2015). Obsessive-compulsive disorder in children and adolescents. *Archives of disease in childhood, 100*(5), 495-499.
- Kutcher, S., & Wei, Y. (2020). School mental health: A necessary component of youth mental health policy and plans. *World Psychiatry, 19*(2), 174.
- Marsh, R. J. (2016). Identifying students with mental health issues: A guide for classroom teachers. *Intervention in School and Clinic, 51*(5), 318-322.
- Mazzer, K. R., & Rickwood, D. J. (2015). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion, 8*(1), 29-41.
- Mellifont, D. (2021). A qualitative study exploring neurodiversity conference themes, representations, and evidence-based justifications for the explicit inclusion and valuing of OCD. *The International Journal of Information, Diversity, & Inclusion, 5*(2), 111-138.
- Moon, J., Williford, A., & Mendenhall, A. (2023). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and youth services review, 73*, 384-391.
- National Alliance on Mental Illness [NAMI]. (2023). *The issue: Mental health in schools*. <https://www.nami.org/Advocacy/Policy-Priorities/Intervene-Early/Mental-Health-in-Schools>

Teacher Conceptions of Obsessive-Compulsive Disorder

- National Association of Psychologists. (2021). *Comprehensive school based mental and behavioral health services and school psychologists* [handout]. <https://www.nasponline.org/resources-and-behavioral-health/additional-resources/comprehensive-school-based-mental-and-behavioral-health-services-and-school-psychologists>
- National Center for Educational Statistics [NCES]. (2020). *Characteristics of public school teachers*. <https://nces.ed.gov/programs/coe/indicator/clr/public-school-psychologists>
- Negreiros, J., Best, J. R., Vallani, T., Belschner, L., Szymanski, J., & Stewart, S. E. (2022). Obsessive-compulsive disorder (OCD) in the school: Parental experiences regarding impacts and disclosure. *Journal of Child and Family Studies*, 1-10.
- New York State Education Department [NYSED]. (2021). *General and program specific requirements for childhood education teacher certification*. <http://www.nysed.gov/general-and-program-specific-requirements-childhood-education-teacher-certification>
- Ní Bhroin, Ó., & King, F. (2020). Teacher education for inclusive education: A framework for developing collaboration for the inclusion of students with support plans. *European Journal of Teacher Education*, 43(1), 38-63.
- Oliveira, M., Slezakova, K., Delerue-Matos, C., Pereira, M. C., & Morais, S. (2019). Children environmental exposure to particulate matter and polycyclic aromatic hydrocarbons and biomonitoring in school environments: A review on indoor and outdoor exposure levels, major sources and health impacts. *Environment international*, 124, 180-204.
- Pampaloni, I., Marriott, S., Pessina, E., Fisher, C., Govender, A., Mohammed, H., Chandler, A., Tyagi, H., Morris, L., & Pallanti, S. (2022). The global assessment of OCD. *Comprehensive Psychiatry*, 152342.
- Peris, T. S., & Schneider, B. N. (2019). Obsessive-compulsive disorder. In C.A. Flessner & J. C. Piacentini (Eds *Clinical Handbook of Psychological Disorders in Children and Adolescents: A Step-by-Step Treatment Manual*, (pp. 273-298). The Guilford Press.

McGrath, Riegel, and Mete

- Poznanski, B., Hart, K. C., & Cramer, E. (2018). Are teachers ready? Preservice teacher knowledge of classroom management and ADHD. *School Mental Health, 10*(3), 301-313.
- Sahin, M. D., & Öztürk, G. (2019). Mixed method research: Theoretical foundations, designs and its use in educational research. *International Journal of Contemporary Educational Research, 6*(2), 301-310.
- Schonert-Reichl, K. A. (2017). Social and emotional learning and teachers. *The Future of Children, 27*(1), 137-155.
- Shakehnia, F., Kajbaf, M. B., & Golkari, T. (2017). The comparison of coping strategies and quality of attachment in students with and without obsessive-compulsive disorder. *Quarterly Journal of Child Mental Health, 4*(2), 135-145.
- Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: What do teachers want and need? *Emotional and behavioural difficulties, 24*(1), 100-116.
- Shirley, D., Hargreaves, A., & Washington-Wangia, S. (2020). The sustainability and unsustainability of teachers' and leaders' well-being. *Teaching and Teacher Education, 92*(2), 1-12.
- Snyder, H. R., Kaiser, R. H., Warren, S. L., & Heller, W. (2015). Obsessive-compulsive disorder is associated with broad impairments in executive function: A meta-analysis. *Clinical Psychological Science, 3*(2), 301-330.
- Storch, E. A., Small, B. J., McGuire, J. F., Murphy, T. K., Wilhelm, S., & Geller, D. A. (2018). Quality of life in children and youth with obsessive-compulsive disorder. *Journal of child and adolescent psychopharmacology, 28*(2), 104-110.
- Sulkowski, M. L., Jordan, C., Dobrinsky, S. R., & Mathews, R. E. (2018). OCD in school settings. In E. A. Storch, J. F. McGuire, & D. McKay (Eds), *The Clinician's Guide to Cognitive-Behavioral Therapy for Childhood Obsessive-compulsive Disorder* (pp. 225-241). Academic Press.
- Tkacz, J., & Brady, B. L. (2021). Increasing rate of diagnosed childhood mental illness in the United States: Incidence, prevalence and costs. *Public Health in Practice, 2*, 100204.

Teacher Conceptions of Obsessive-Compulsive Disorder

- Vallani, T., Best, J. R., Selles, R. R., Negreiros, J., Hansen, U. R., Naqqash, Z., ... & Stewart, S. E. (2022). School and parent perspectives on symptomatology in pediatric obsessive-compulsive disorder (OCD). *Journal of Obsessive-Compulsive and Related Disorders*, 33, 100731.
- Wagner, A. P. (2006). *What to do when your child has obsessive-compulsive disorder: Strategies and solutions*. Lighthouse Press.
- Zakaria, N., Halim, A. S. A., Ramli, R. R., Bakar, R. S., Fauzi, A. N., Sahran, N. F., & Mamat, M. N. (2019). Observe your child ablution: They could have obsessive-compulsive disorders. *Malaysian Journal of Paediatrics and Child Health*, 25(2), 30-32.

Dr. Kathleen McGrath teaches graduate level courses at Niagara University in the advanced literacy program. She serves as Chair of the Advanced Teacher Education Department and is the Faculty Director of the Family Literacy Center, an on-campus site that provides literacy services to children and their families. Dr. McGrath's research interests include teacher education, literacy instruction, qualitative research methods, and social-emotional learning strategies.

Dr. Caitlin Riegel is an Assistant Professor in the Department of Teacher Education at Niagara University in New York State. She currently serves as the Vice-President of the International Society for Educational Planners (ISEP) and the East Regional Representative for the Association for Independent Liberal Arts Colleges for Teacher Education (AILACTE). Her research interests and publications center around teacher preparation, with a focus on technology in education.

Dr. Rosina Mete is a full-time Professor and Course Lead for Assessment within the Masters of Counselling Psychology program at Yorkville University in Canada. She has also worked as a registered psychotherapist for nearly ten years and specializes in supporting individuals with depression, anxiety, trauma, eating disorders, chronic pain, and chronic illness. Her research interests and publications include mental health care, addressing stigma, leadership development, and technology in education.

McGrath, Riegel, and Mete

Appendix: Survey

1. Gender:
 - a. Male
 - b. Female
 - c. Non-binary/other gender
 - d. Prefer to self-describe

2. Age:
 - a. 20-25
 - b. 26-30
 - c. 31-35
 - d. 36-40
 - e. 40+

3. Race:
 - a. White
 - b. Hispanic or Latino
 - c. Black or African American
 - d. Native American or American Indian
 - e. Asian/Pacific Islander
 - f. Multiple ethnicity/Other (please specify)

4. What is your highest level of education received?
 - a. Bachelor's degree (BA, BS, AB, etc.)
 - b. Master's degree (MA, MS, MENG, MSW)
 - c. Professional school degree (MD, DDC, JD)
 - d. Doctorate Degree (PhD, EdD)

5. Are you currently employed as a teacher in a public, private, or charter school?
 - a. Yes
 - b. No

6. For how many years have you been employed as a teacher?
 - a. Less than one year
 - b. 1-5 years
 - c. 6-10 years
 - d. 10+ years

Teacher Conceptions of Obsessive-Compulsive Disorder

7. In what type of school are you currently employed?
 - a. Private
 - b. Public
 - c. Charter
 - d. Other (please specify)

8. How would you describe your school's geographic location?
 - a. Rural
 - b. Suburban
 - c. Urban

9. In what grade level are you currently employed?
 - a. Birth-Pre-kindergarten
 - b. Primary (grades K-2)
 - c. Early Intermediate (grades 3-5)
 - d. Upper Intermediate (grades 6-8)
 - e. High school (grades 9-12)
 - f. Other (please specify)

10. How often do you advocate for mental health in your classroom (hanging relevant posters, scheduling mental wellness breaks, student self-care routines, etc.)
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always

11. What do you know about Obsessive Compulsive Disorder (OCD)?

a. (space to write response)

Indicate your current level of knowledge as it pertains to the following aspects of Obsessive Compulsive Disorder (OCD):

Not at all knowledgeable

Slightly knowledgeable

Somewhat knowledgeable

Moderately knowledgeable

Extremely knowledgeable

McGrath, Riegel, and Mete

12. The definition of OCD
13. The characteristics of OCD
14. Instructional strategies used for teaching students with OCD
15. Accommodations and modifications for students with OCD
16. Assistive technology for students with OCD
17. The transition process for students with OCD
18. The perspective of families of students with OCD
19. Resources for families, students, and teachers related to OCD

20. How do you perceive your ability to teach students in your classroom with OCD?
 - a. Poor
 - b. Fair
 - c. Good
 - d. Very good
 - e. Excellent

21. What has had the greatest impact on your ability to teach students with OCD?
 - a. Educator Preparation Program
 - b. Professional Development Initiatives
 - c. Professional Experience(s) in the classroom
 - d. Personal Experience(s) outside of the classroom
 - e. Self-study
 - f. Other (please specify)

22. In what ways, if any, has your Educator Preparation Program impacted your ability to teach students with OCD?
 - a. (space to write response)
 - b. This has not impacted my ability to teach students with OCD

23. In what ways, if any, has professional development initiatives impacted your ability to teach students with OCD?
 - a. (space to write response)
 - b. This has not impacted my ability to teach students with OCD

Teacher Conceptions of Obsessive-Compulsive Disorder

24. In what ways, if any, has professional experience(s) in the classroom impacted your ability to teach students with OCD?
- (space to write response)
 - This has not impacted my ability to teach students with OCD
25. In what ways, if any, has your personal experience(s) outside the classroom impacted your ability to teach students with OCD?
- (space to write response)
 - This has not impacted my ability to teach students with OCD
26. In what ways, if any, has your self-study impacted your ability to teach students with OCD?
- (space to write response)
 - This has not impacted my ability to teach students with OCD
27. In what ways, if any, has other impacted your ability to teach students with OCD?
- (space to write response)
 - This has not impacted my ability to teach students with OCD