

# OBSESSIVE-COMPULSIVE DISORDER AND HIGH LEARNING POTENTIAL

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### Summary

Obsessive-Compulsive Disorder (OCD) is an anxiety-related disorder. This is characterised by disturbing thoughts that can lead to compulsive or ritualistic behaviour. Such behaviour is carried out to prevent or disarm these thoughts.

Psychologists think that there may be some overlap between Obsessive-Compulsive Disorder and high intelligence. However there is little research to back up this view<sup>i</sup>. Potential Plus UK has produced this fact sheet to inform, support and advise teachers, professionals and parents/carers of high ability children. At Potential Plus UK we call high ability children, children with High Learning Potential or HLP.

This fact sheet will consider what OCD is, how it relates to High Learning Potential, how to treat OCD, parenting a child with both High Learning Potential and OCD and supporting OCD children in the classroom.

### What is Obsessive-Compulsive Disorder?

From time to time, almost everyone has a disturbing thought or checks more than once that they have locked the door or turned off the gas. For most people these thoughts and actions can then be forgotten.

However, sometimes the feelings of discomfort can take over and they will feel anxious until they have done something to help them deal with their thoughts that something isn't right. They often repeat the item again (relocking the door, going back to make sure the gas is switched off) or even a set number of times in a ritual before they can get on with their life. This condition is known as **Obsessive-Compulsive Disorder** or **OCD**. It is characterised by the presence of either **obsessions** or **compulsions**, but commonly both.

An **obsession** is an unwanted thought, image or urge that repeatedly enters the person's mind until something is done about it. Some examples of obsessions that can affect someone include:

- fear of being contaminated by dirt and germs;
- worrying thoughts that something is not safe, such as an electrical appliance;
- thoughts and fears of harming someone else;
- wanting to have things in a particular order or arrangement (such as in a symmetrical fashion).<sup>iii</sup>

A **compulsion** is a feeling that a person has that they must repeat physical actions or mental acts. Usually people do this in response to an obsessive thought. For example, if a person is worried about dirt, they might clean something repeatedly.

There are many different compulsions or rituals that can affect someone, but a few examples are:

- excessive washing and cleaning
- checking things repeatedly (for example, that a door is locked or that an electrical appliance is switched off)
- keeping objects that other people might throw away (called 'hoarding')

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- repeating acts
- repeating words or numbers in a pattern.<sup>ii</sup>

Whilst people with OCD may realise that their thoughts and actions are irrational or excessive, they will not be able to help themselves.<sup>iii</sup> They may act upon them repeatedly in an attempt to get rid of them or 'neutralise' them.<sup>iii</sup>

The symptoms of OCD can cause significant problems and/or distress for the sufferer. In children, these problems can be made worse by their impact on the psychological and social development of the child. It can also have a significant on their parents and siblings.<sup>iii</sup>

Related disorders include Body Dysmorphic Disorder (BDD), Hair Pulling (Trichotillomania), Tourette's Syndrome, Compulsive Hoarding and Compulsive Skin Picking (CSP).<sup>v</sup>

### How common is OCD?

It is estimated that about one or two people in a hundred of the population in the UK may have OCD, although some studies have estimated two to three people in a hundred.<sup>ii</sup> The condition can affect people of any age, from young children to older adults.<sup>iii</sup> Some people with OCD also have depression.<sup>iii</sup>

Researchers do not agree on whether the condition occurs more in girls or boys. For example, the Heyman and others<sup>iv</sup> conducted a study in 2001. This is based on the 1999 British Child Mental Health Survey. It showed equal rates of OCD in boys and girls. However, samples taken in other studies often contained more boys than girls which may affect the rates reported<sup>iv</sup>. However, by 18 more females than males are reported and this is the case for most studies<sup>iv</sup>.

### How Obsessive-Compulsive Disorder (OCD) Relates to High Learning Potential (HLP)

Little research has been done to confirm the link between high ability (what Potential Plus UK calls High Learning Potential) and OCD. However, we have worked with many thousands of parents and families of highly able children since 1967. This experience has brought us to the belief that there are two ways in which OCD and High Learning Potential may be linked. These are as follows:

#### i) Misdiagnosis.

Some of the characteristics which can come with High Learning Potential can often be confused with OCD.<sup>i</sup> This misdiagnosis is sometimes made worse by the fact that some of these characteristics of high ability are still relatively unknown by the wider community and health professionals.<sup>i</sup>

Some of the characteristics of a child with high learning potential which may sometimes be confused with OCD include:

- **Becoming passionate about or fixated with certain subjects, ideas or objects.** This is

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known as 'perseverant when interested'.<sup>vi</sup> Often the interests seem quite normal. For example, we often see the passion of a young child with High Learning Potential for all things related to planets and space.

However, other High Learning Potential children have obsessions for more obscure things, such as locks and keys. Parents and carers of highly intelligent children with strange obsessions may therefore start to worry whether this could be a sign of OCD<sup>vii</sup>. However it is also one of the traits of their high ability.

- **Seeking to organise things or people with intensity.** We often see this in the Early Years when these young children want to play complex games. They then get upset when things don't happen the way they planned<sup>viii</sup>.
- **Intellectualising everything.**
- **Being a perfectionist.** Such children can often be intolerant about mistakes of any kind
- **Thinking about things intensely.** Sometimes such children worry about the things they think about and become anxious. Sometimes this trait of High Learning Potential can look like the child has an anxiety-related disorder, such as OCD.<sup>i</sup>

These High Learning Potential children may not have OCD. However, the issues they face may become equally distressing for them. In these cases, some of the suggested ways in which a child with OCD may be supported may also work for them.

### ii) The existence of both OCD *and* High Learning Potential.

Sometimes a child can have both High Learning Potential and OCD. This means that they have a special need whilst at the same time as being highly able. These children are known as Dual and Multiple Exceptional Children or DME for short. Multiple Exceptional are those with more than one special need.

Dual and Multiple Exceptional (DME) children are those who characteristically have both Special Education Needs (SEN) and High Learning Potential (HLP).<sup>ix</sup>

## Treatments and Sources of Help for Obsessive-Compulsive Disorder (OCD)<sup>x</sup>

There are treatments available to help to control OCD. For children with OCD, the options depend on the severity of their symptoms. In Potential Plus UK's experience, it is helpful if parents and carers are involved at some level in the kind of treatments provided. In some cases the school and other professionals should also be involved. This involvement can help to support and reinforce the treatments provided.

### i) Mild OCD symptoms

For children with mild OCD symptoms, support may be offered by health practitioners, along with

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support and information for parents and carers.

In Potential Plus UK's experience some of the things that can help include:

- using a 'worry box' with a younger child. This is where all the things that concern them are put in one place. This can help the child as they do not need to feel so anxious or over-analyse things;
- encouraging children to understand themselves and how they act;
- helping them to resist the compulsion to do things (if not the obsession);
- keeping a diary and reviewing regularly when the behaviour occurs. This can help them to see if there is a pattern in their behaviour.

## ii) **Moderate to severe OCD symptoms**

For children with moderate to severe symptoms, or those who have unsuccessfully tried support programmes, therapy provided by a qualified person should be considered. This again should involve parents and carers to reinforce the therapy provided. Some examples of the therapies which could be used are:

- **Cognitive Behavioural Therapy (CBT).** This is a psychological treatment based on the idea that the way we feel is affected by our thoughts and beliefs, and by how we behave. If we have a negative thought, for example, this can lead to negative behaviour. This can affect the way we feel. CBT helps people to reassess the meaning of their thoughts and actions and helps to change them.
- **Exposure and Response Therapy (ERP).** This type of therapy is available to help people deal with situations or things that make them feel anxious or frightened. With the support of the therapist, the individual is 'exposed' to whatever makes them frightened or anxious (for example, dirt or germs). Rather than avoiding the situation or repeating a compulsion, the patient is taught other ways of coping with the anxiety or fear. This process is repeated until the patient no longer feels as anxious or afraid.<sup>ii</sup>

For children with moderate to severe symptoms who have tried such therapies with little or no effect, medication may be offered. Alongside this may be ongoing therapy. The involvement of parents and carers with this treatment is important.

The medications used are called **selective serotonin reuptake inhibitors (SSRIs)**. These must be licensed for children. They should only be prescribed by a child and adolescent psychiatrist.

## **Parenting a High Learning Potential (HLP) Child with Obsessive-Compulsive Disorder symptoms(OCD)<sup>xi</sup>**

Parenting a High Learning Potential child who has OCD or OCD-like symptoms can be very challenging and can impact on the life of the whole family. To support these children, parents, carers, teachers and professionals are advised to understand the child as much as possible. This includes finding out more about OCD and the characteristics of High Learning Potential and how these can interact in the children.

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Our service users report that better understanding brings tolerance in parents for some of the child's difficulties. In addition they gain a better insight into strategies that could be employed to support the child. Parents can help their children learn to live with High Learning Potential and OCD in a positive way. Acceptance on behalf of the parents and the children is also important. Humour is also seen to help as long as it is at the right times.

OCD and High Learning Potential can present themselves in many forms. There are therefore multiple strategies for parenting these children. What works for one person may not work for another. Therefore, there may be periods of trial and error before finding the method that works for a particular child.

Encouraging children to share how they are feeling is a useful strategy. Parent sharing their feelings with their children can also help. Both of these will increase mutual understanding and empathy between parents and children. This is often a good foundation upon which to build a support strategy.

Following on from this, parents are also advised to:

- **help others** to understand their children;
- **work in partnership** with the school and others. This will help ensure these children have the right support for both their High Learning Potential and their OCD;
- **provide support** at home to their children which is consistent with other treatments or strategies used.

### High Learning Potential Children with Obsessive-Compulsive Disorder (OCD) symptoms in the Classroom<sup>xii</sup>

In school, children with High Learning Potential and OCD or OCD-like symptoms may show any of the following:

- **Inability to complete tasks on time**
- **Extreme tiredness** (through exhaustion from battling thoughts, or night rituals);
- **School refusal** (because of teasing, inability to carry out rituals at school);
- **Repeated lateness** (because their rituals take time to complete);
- **Poor concentration** (because they are distracted by compulsions);
- **Repeating, checking and redoing work** (due to compulsion to make sure everything is in order);
- **Repeatedly asking to leave the room** (to perform rituals such as hand washing);
- **Low self-esteem** (because they are bullied or ridiculed for their 'strange behaviour');
- **Difficulties with peer relationships** (because they are misunderstood by others);
- **Anxiety in being separated from their loved ones** (because they are obsessed with preventing harm to others).

Parents and siblings may also seem anxious and distracted. This may be because they are also having a difficult time too due to concern about their loved one.

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It is important that support for these children in school is consistent with treatments and home strategies. This can be of benefit to these children regardless of whether they have OCD or not.

Benefits include:

- contributing to the success of their overall treatment;
- raising their self-esteem
- helping them to control the disorder themselves.

It is also important that these children are challenged through high level work in the classroom. Where this does not happen, they may have more time to think about their obsessions. On the other hand, providing extension and enrichment may enable these children to focus their thinking elsewhere.

Due to the children's compulsive rituals they can often seem odd or quirky to other children. This can lead to them being the targets of bullying.

These children may also need some of the following strategies to help them live with and control their compulsions:

- More explanation about a piece of work;
- Reminders about deadlines;
- Advance warning about changes or outings;
- More time to plan for exams and tests;
- Extra time or a scribe in exams and tests;
- The opportunity to use a computer for written work;
- Gentle refocusing and redirecting on the task in hand;
- Fewer triggers to set off the behaviours (e.g. if a sharp pencil triggers a ritual because they always need to sharpen it before they start their work);

Such support will help both the child who is highly able without OCD and the one who is highly able *with* OCD. It should therefore yield positive results for both types of children.

## Conclusion

With the correct support and/or treatment, children with both HLP and OCD or OCD-like symptoms can learn to live with and control their symptoms. This enables their potential to be nurtured and developed.

Parents are advised to find out more to enable them to:

- **understand their children;**
- **support any treatment;**
- **find the strategies** that work for the whole family.

Working in partnership, parents and schools can ensure that these strategies and any treatments are continued in school. This approach will benefit these children.

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