OBSESSIVE-COMPULSIVE DISORDER AND HIGH LEARNING POTENTIAL

Summary
Obsessive-Compulsive Disorder (OCD) is an anxiety-related disorder that involves both thoughts and behaviours that intrude into daily life. It is characterised by frequent, disturbing thoughts that become 'obsessive' and trigger the person with OCD to carry out 'compulsive' actions or rituals in an attempt to stay in control and to feel that they are preventing a bad outcome.

OCD can be diagnosed from a young age and has been found to be more common in those with high intelligence[i]. This fact sheet aims to inform and support parents, carers and teachers of children with high learning potential (HLP) whose lives are affected by Obsessive-Compulsive Disorder. It investigates OCD, how it relates to High Learning Potential, parenting and educating a child with both HLP and OCD and takes a look at therapeutic approaches.

What is Obsessive-Compulsive Disorder?

It is not uncommon for people to have an occasional thought out of nowhere or to check more than once that they have locked a door, straightened up books on a shelf or washed their hands hygienically. For most individuals, these thoughts and actions are easily forgotten.

For people with OCD, however, these intrusive thoughts generate genuine anxiety. They become '**obsessive**' and lead to '**compulsive**' urges to carry out physical rituals or mental processes aimed at neutralising mounting distress or otherwise avoiding a negative outcome.

Depending on their individual experience of OCD, an adult/teenager/child may go back several times to check that they have turned off an appliance/used enough antibacterial gel/put a teddy bear in a certain position. Even these calming actions might be governed by a separate ritual such as the need to be repeated a set number of times or while blinking in a certain rhythm.

OCD Diagnosis

Obsessive-Compulsive Disorder (OCD) is diagnosed when these obsessive mental functions (thoughts) and compulsive physical actions (behaviours) are causing distress and severe enough to interfere with daily life (a 'disorder'), for anywhere from an hour a day up to being totally debilitating.[ii]

Whilst many people with OCD may realise that their thoughts and actions are irrational or excessive, they are generally completely unable to help themselves.[iii]

OCD is no longer formally considered an anxiety disorder, but holds a distinct clinical category of its own that encompasses related disorders[iv] and challenges. These include eating disorders, Hoarding Disorder, Generalised Anxiety Disorder (GAD), Body Dysmorphic Disorder (BDD), Trichotillomania (hair pulling), Tourette's Syndrome, Compulsive Skin Picking (CSP), Post-Traumatic Stress Disorder (PTSD) and also depression.[v] [vi] [vii]

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Types of Obsessive-Compulsive Disorder

The stereotype of Obsessive-Compulsive Disorder tends to depict someone who is overly focused on neatness; however, this is only one possibility. Types of OCD can overlap and symptoms frequently change over time.

An individual's OCD may well be complex; however, their symptoms are generally considered to fall into one (or more) of these main categories[viii] [ix]:

- Checking / Fear of Causing or Failing to Prevent Harm
- Contamination / Mental Contamination / Washing
- Ruminations / Intrusive Thoughts / Mental Rituals
- Symmetry / Order / Counting

Once considered to be a fifth category of OCD, hoarding is now classified as a separate compulsive spectrum disorder. This is after increased research led to Hoarding Disorder being made a distinct entity in the 2013 edition of the seminal *Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, DSM-5*.

Examples of OCD Obsessions and Compulsions in a Child

The obsessive thoughts, images and urges playing upon the mind of a young person with OCD will vary depending on the form(s) of OCD that they experience. Similarly, the repeated physical or mental actions they are compelled to carry out will range accordingly and may adapt over time. For example, a young child worried about dirt might clean a garden toy repeatedly, but over the years, left untreated, this might morph into the need for repetitive wiping of an already clean mobile phone or car steering wheel.

OCD **obsessions** and anxious thoughts include[x]:

- *Checking*: worrying over and over that something is unsecured or unsafe, such as an electrical appliance, basin tap, pet, or private writings
- *Contamination*: overwhelming fear of being harmed by dirt and germs
- *Intrusive Thoughts*: superstitious-like fears of unintentionally causing harm
- *Order:* spotting irregularity; craving particular arrangements or symmetry.

OCD **compulsions** or rituals include[xi]:

- *Checking*: verifying repeatedly that a diary is closed or tap switched off
- *Contamination*: excessive, repeated handwashing (even to the point of making skin bleed)
- *Intrusive Thoughts*: repeating actions so as not to 'tempt fate' and seeking reassurance from a parent that nothing bad is going to happen
- *Order*: lining up items on a bookshelf in height order or groups of paper texture or colour, possibly repeating words or numbers in a pattern while doing this.

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How Common is Obsessive-Compulsive Disorder?

OCD is estimated to affect 1.2% of the worldwide population[xii] (around three-quarters of a million people in the UK). It affects approximately 2.3% of people at some point in their life, males and females about equally.[xiii]

A disproportionately high number of cases (around one half) will fall into the severe category; fewer than one quarter will be classed as mild.[xiv]

Although some very young children will show symptoms of Obsessive-Compulsive Disorder, signs are more common around puberty, with most cases actively noticed during early adulthood.[xv] Despite a generally gradual onset, around 50% of cases will have developed by the age of 20 and almost all by the age of 35.[xvi]

Obsessive-Compulsive Disorder in children and adolescents is a distressing condition – one that stubbornly persists into adulthood for 40% of paediatric cases.[xvii]

Almost 90% of those affected by OCD have difficulties at school, home or socially, with obstacles to doing homework and concentrating at school being the two most common problems.[xviii]

How OCD Relates to High Learning Potential

A study of individuals classed as highly intelligent investigated incidences of OCD, generalised anxiety and social anxiety.[xix] It found these disorders to be 9.1% more common among those with high intelligence compared to the national average, with OCD particularly more prevalent.

OCD findings were notable and showed a significantly higher incidence of Obsessive-Compulsive Disorder in those with high intelligence compared to the national prevalence rate:

- 3.3 times the risk for those with high intelligence (an increase of 230%) of being formally diagnosed with OCD compared to the national average
- 10.9 times the risk for those of high intelligence (an increase of 990%) of developing OCD symptomatology compared to the national average (i.e., including self-diagnosis)

A young person with high learning potential who is also diagnosed with Obsessive-Compulsive Disorder would be considered to have a special need alongside their high ability. This is known as having Dual or Multiple Exceptionality (DME).[xx]

Misdiagnosis of OCD in a Child with High Learning Potential

Some behaviours seen frequently in children with high learning potential can cause parents, carers and teachers to suspect Obsessive-Compulsive Disorder.[xxi]

While this is understandable, it is crucially important to understand the difference between a perceived ‘obsession’ that is really just a passion the child is thinking about deeply and extrapolating (i.e., a trait of high learning potential), and one that is loaded with anxiety, requiring a ‘compulsive’ ritual to attempt to neutralise it, (a sign of OCD).

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Some examples of traits common to high potential learners that can initially (falsely) appear to point towards OCD are:

- **Becoming passionate about or fixated upon certain subjects, ideas or objects**. ('Perseverant when interested'[xxii])
- **Thinking about things intensely**. Possibly leading to complex worries.[xxiii]
- **Seeking to organise things or people with intensity.** Becoming upset when things do not happen the way that they planned.
- **Being driven by perfectionism.** Intolerance of any deviation from their preferred way forward and desiring to control outcomes.

Although such children may not have diagnosable OCD, the symptoms that they experience can still be distressing and might be alleviated by following selected elements of the advice given in this fact sheet for young people with an OCD diagnosis alongside high learning potential.

Therapies and Sources of Help for Obsessive-Compulsive Disorder

The appropriate course of therapy and/or treatment to help to control OCD will depend on the child's age and the level to which symptoms are affecting their daily life.[xxiv]

Initially, contact should be made with the young person's GP, who may be able to offer immediate assistance or can also make a referral to the most appropriate paediatric psychological support services. Parents and carers are encouraged to be actively involved and supportive.

Additionally, the NHS offers an increasing range of freely available mental health apps[xxv] that might prove beneficial.

i) Mild OCD Symptoms

A short course of professional therapy (widely available on the NHS) is usually recommended for young people with relatively mild cases of Obsessive-Compulsive Disorder.

Under the guidance of the child's GP, therapist or specialist, it may be appropriate to sensitively try an 'add-on' approach such as Mindfulness meditation. The following have also been found to be beneficial:[xxvi]

- using a 'worry box' with a younger child. They can put away into a box their drawings or written lists of worries, thus helping them to 'deal with' their obsessions
- encouraging children to understand themselves and how they act
- helping them to resist the compulsion to do things (following an intrusive initial obsession) and to realise that there can be a calm and positive outcome
- keeping a diary and reviewing regularly when OCD behaviours occur. This can help them to see if there is a pattern to their behaviour.

ii) Moderate to Severe OCD Symptoms

For children with moderate to severe symptoms, or those who have unsuccessfully tried support programmes, more intensive and longer-term therapy will be indicated, possibly also using prescribed medication.

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Common approaches that could be used for moderate to severe OCD symptoms are:

- **Cognitive Behavioural Therapy (CBT)**. This is a psychological approach based on the idea that the way we feel is affected by our thoughts and beliefs and our resulting behaviours. CBT can help a child or young person to face their fears and obsessive thoughts without "putting them right" through compulsions.[xxvii]
- **Exposure and Response Therapy (ERP)**. ERP may well be used alongside CBT. A trained therapist 'exposes' the OCD sufferer to one of their triggers for unwanted obsessive thinking (for example, dirt or germs) and teaches ways of 'responding' without enacting compulsions. This is repeated until the anxiety response is significantly reduced.
- **Medication**. Children who have tried therapies to little or no effect may be offered medication, possibly alongside ongoing therapy. The involvement of parents and carers with this treatment is important. The medications used are selective serotonin reuptake inhibitors (SSRIs), which must be licensed for children and only prescribed by a fully qualified professional.

Parenting a High Learning Potential Child with Obsessive-Compulsive Disorder Symptoms

It can be hard to parent a child with high learning potential who also has a diagnosis of Obsessive-Compulsive Disorder, or shows similar symptoms, as it can impact on the life of the whole family.[xxviii] To support these children, parents and carers are advised to understand not only the child, but also the nature of OCD, the characteristics of high learning potential and how both of these can interact in children, causing distress and affecting social and psychological development.

Better understanding can bring parents a greater tolerance of some of their child's difficulties as well as a better insight into the strategies available to positively support them. In this way, parents and children build an acceptance of the situation while also attempting to tackle it.

Both OCD and high learning potential present themselves in many forms, so parenting strategies need to adapt around the child's unique (and evolving) needs.

The advice of the GP, therapist or other professionals should always be followed. However, it is generally beneficial to encourage your child to share how they are feeling and support them sensitively. It is crucial to respond in an appropriate manner and not dismiss their feelings or laugh at them, for example.

Professional guidance can be key, such as from an assigned individual, organisation such as Potential Plus UK or reputable OCD charity and also the relevant, overlapping advice below for *High Learning Potential Children with OCD Symptoms in the Classroom*.

In tandem with this, parents of a child with high learning potential who are displaying symptoms of Obsessive-Compulsive Disorder are also advised to:

- **help others** to understand and support their child
- **work in partnership** with the school, healthcare professionals and others to help ensure their child receives the right support (for both OCD and their high ability)
- **provide support** at home that is consistent with other treatments or strategies used.

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High Learning Potential Children with OCD symptoms in the Classroom

It is important that children with high learning potential and OCD symptoms are challenged and given high level work in the classroom. Where this does not happen, they will have more time to think about their obsessions. Providing extension work and enrichment activities enables these children to relax, in fact, and focus their thinking elsewhere.

In a school or home education setting, high ability children with OCD may show any of the following[xxix]:

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

These children will need the understanding of teaching staff and may also require some of the following strategies to help them live with and control their obsessions and compulsions:

- More explanation about a piece of work
- Reminders about deadlines
- Advanced 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 with the task in hand
- Fewer triggers to set off the behaviours, (e.g., if a blunt pencil triggers a ritual because the child always needs to sharpen it before they start their work).

It is important that classroom structure and support is consistent with the professional recommendations, treatments and home strategies given for that child. This will contribute to the overall success of a child's treatment programme, bring more flexibility to their habits and help to boost self-esteem lowered by any learning and memory problems caused by OCD.

When it comes to older children, there is evidence that teenagers with OCD have problems with memory and the ability to flexibly adjust their actions when the environment changes. Restructuring the school environment to allow a level playing field has been shown to allow them to receive the help they needed to realise their potential.[xxx]

Parents and siblings may also seem anxious, distracted or tired, possibly due to their own concerns about how OCD is affecting their loved one. Teaching staff or a home education network may be able to offer families valuable support in these circumstances.

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Conclusion

Obsessive-Compulsive Disorder can be extremely distressing and appears to occur more frequently in children who are highly intelligent. With the correct support and therapeutic approach, however, young people with both high learning potential and OCD symptoms can learn to control their problematic obsessions (thoughts) and resulting compulsions (ritualised actions) and allow their full potential to be nurtured.

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

- **understand their child with OCD and high learning potential**
- **support prescribed therapeutic or medicinal treatments**
- **find the strategies** that work for the whole family.

Working in partnership, parents and educators can ensure support is continued in all environments so as to maximise the benefits gained by these children.

Input from a GP or healthcare professional is generally required to assist a child with their Obsessive-Compulsive Disorder.

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To give feedback on this fact sheet, please go to: https://www.surveymonkey.com/s/Factsheetfeedback

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