

Perspectives and recommendations: Disclosure of pediatric obsessive-compulsive disorder in the school setting

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Introduction

Pediatric obsessive-compulsive disorder (OCD) commonly impairs school functioning in terms of concentration, homework completion, certain subject material, executive function, and overall graduation rates.^{1,2} Direct disclosure of an OCD diagnosis to school personnel by an affected youth may improve school functioning by increasing awareness and accelerating the initiation of necessary support.

A previous quantitative study has shown that while nearly all who disclosed to schools said they would do it again, there was a significant number who feared that disclosure would make things worse for their child.³ Identified disclosure barriers included bullying by peers and fear of a permanent mental illness record.³ Little is known about the high school disclosure process from the perspective of youth living with OCD.

Study Aims

Our study aims to qualitatively explore the perspectives of youth with OCD surrounding:

1. Disclosing or concealing their diagnosis in the high school setting
2. Current school-based disclosure supports
3. Improving the school disclosure process

Methods

Heterogenous purposive sampling (i.e., age, gender, race) of youth 13-18 years old with DSM-IV/5 OCD

~60-minute online semi-structured interviews and verbatim transcription of audio recordings

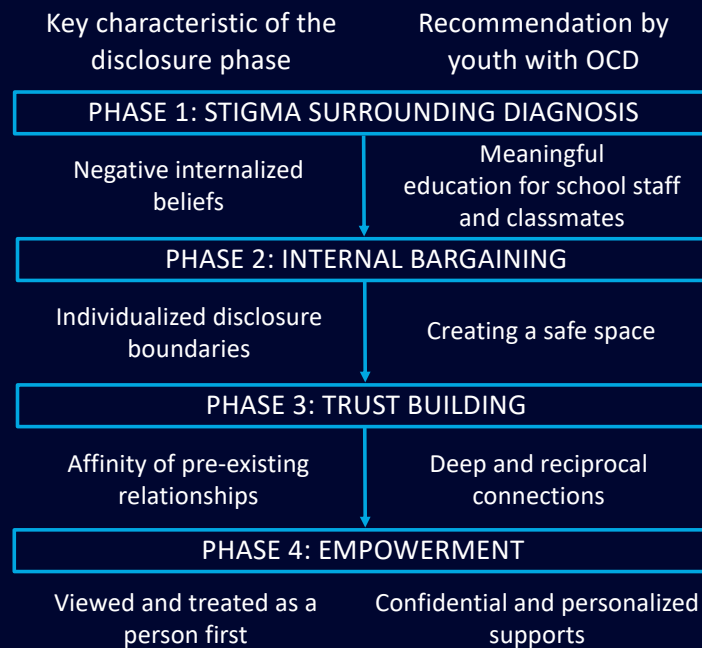
Inductive analysis through Interpretive Description, yielding practical and clinically relevant results

Create a model to help facilitate the disclosure process in schools





Member checking to ensure accurate interpretation

Youth with OCD need improved awareness, safe space, connection, and confidential personalized supports to facilitate their journey from concealment to disclosure of their diagnosis in the school.

Journey from concealment to disclosure of OCD theoretical model



Results

-  12 participants (6 male, 5 female, 1 non-binary)
-  15 years old on average (range: 13-17)
-  10 out of 12 identified as White
-  65-minute interviews on average

1. Shame and stigma are initial barriers to disclosure. Meaningful education surrounding OCD and mental illness is warranted to alter the internalized beliefs held by school staff and classmates.
2. Youth only disclose information that fits within their individualized boundaries. A safe space created by school members allows them to independently choose how much they want to disclose and to whom.
3. Building trust with target(s) of disclosure is paramount for success. Superficial and unrelatable connections were barriers to developing trust, as opposed to deep and reciprocal (i.e., sharing struggles, interests) connections.
4. Youth feel empowered when they are treated as a person rather than a diagnosis. Confidential and personalized supports can assist to empower them.

Conclusion

The "Journey from concealment to disclosure of OCD" theoretical model can inform school disclosure strategies and optimize support for youth. Future research can explore its' utility and the perspectives of school personnel and parents on its' applicability.

Acknowledgements and References

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