

Obsessive Compulsive Disorder

TIP

Recognize that most mental health issues are not caused by poor parenting, but by genes or brain chemistry.

Obsessive Compulsive Disorder (OCD) is a type of anxiety disorder (p48). OCD usually affects older children and adolescents, but can begin earlier. OCD occurs when a child develops intense obsessions or compulsions that interfere with day-to-day functioning. It is normal for all children to have some level of focus on certain items or activities, particularly young children who “obsess” as part of how they learn. However, when these obsessions cause significant anxiety or distress, take up more than one hour a day, or interfere with a child’s normal routine (school, social activities or relationships), then he or she may have OCD.

SIGNS AND SYMPTOMS

Typical signs and symptoms of OCD include:

- **COMPULSIONS:** Repetitive behaviors or rituals (for example, hand washing, hoarding, keeping things in order, or checking something over and over) or mental acts (for example, counting or repeating words silently). For example, a child may check the locks on all the doors in the house after his or her parents have gone to sleep. The child may then fear that he or she accidentally unlocked a door while checking them and will then check the locks all over again.
- **OBSESSIONS:** Recurrent and persistent thoughts, impulses, or images that are unwanted and cause significant anxiety or distress. Frequently, they are unrealistic or irrational. For example, a child may have constant thoughts that a family member will be harmed.

EVALUATION AND DIAGNOSIS

In addition to causing distress and interfering with normal life, OCD can lead to depression and social isolation in some cases if not evaluated and treated. OCD can be diagnosed anytime in childhood or adolescence. If you think your child has OCD, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with OCD include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Body Dismorphic Disorder (BDD) (p62)
- Depression (p67)
- Tic Disorders (p97)

TREATMENT

A psychotherapist or a child and adolescent psychiatrist can treat OCD. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

OCD is usually treated with a combination of cognitive behavioral therapy and anti-anxiety or anti-depressant medications (in particular, Serotonin Reuptake Inhibitors or SRIs). Children often feel shame and embarrassment about their OCD. Many children fear it means they are “crazy” and are hesitant to talk about their thoughts and behaviors. As a result, treatment may include family psychotherapy and psychoeducation to help the entire family understand OCD and to increase communication about the disorder between the parent and child. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If OCD is affecting the child’s ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.



RESOURCES

The Boy Who Couldn't Stop Washing: The Experience and Treatment of Obsessive-Compulsive Disorder (1991)
By Judith L. Rapoport

Obsessive Compulsive Foundation
www.ocfoundation.org

Talking Back to OCD: The Program That Helps Kids and Teens Say "No Way"—and Parents Say "Way to Go" (2006)
By John S. March